



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

DYNAMIC SCIENCE, INC.
In-Depth Accident Investigation

Contract DTNH22-93-P-07049
Case DSI-93-SP-22

 1994

TECHNICAL SUMMARY

CONTRACTOR: Dynamic Science, Inc.
CONTRACT NUMBER: DTNH22-93-P-07049
CASE NUMBER: Case DSI-93-SP-22

[REDACTED]

This collision occurred at a four-leg intersection on [REDACTED] 1993 at [REDACTED] hours in a rural area of [REDACTED] California. At the time of the crash, it was cloudy and the bituminous roadway was wet.

The case vehicle was a 1993 Plymouth Grand Voyager that was equipped with a driver side supplemental restraint system. The vehicle was operated by a 37-year-old female, 157 cm (62 in.) tall with an estimated weight of 77 kg (170 lbs). She was wearing the manual 3-point lap and shoulder belt system. The second occupant of this vehicle was seated immediately behind the driver. She was a 7-year-old female, 133 cm (52.5 in.) tall with a weight of 23 kg (51 lbs). She was wearing the manual 3-point lap and shoulder belt system. The third occupant was seated to the right of the second occupant. He was a 4-year-old male with a weight of 17 kg (37 lbs). He was seated in a toddler seat which was restrained by the lap/shoulder system. All three occupants were seated in reclining bucket seats.

Vehicle 2 was a 1984 Mercedes-Benz 300D driven by a 46-year-old female, 157 cm (62 in.) tall with an estimated weight of 61 kg (135 lbs).

Vehicle 1, the Plymouth Voyager, was initially stopped at a stop sign facing in an easterly direction. Vehicle 2 was travelling southbound approaching the intersection at an estimated speed of 89 KPH (55 MPH). The driver of Vehicle 1 saw one vehicle go by and then proceeded into the intersection. The driver of Vehicle 2 saw Vehicle 1 enter the intersection. She braked and steered to the right to avoid the collision. She was unable to do so and the front of Vehicle 2 struck the left side of Vehicle 1 in a broadside configuration just behind the driver's door.

The full frontal area of Vehicle 2 impacted the left side of Vehicle 1. The resultant direction of force for Vehicle 1 was 9 o'clock. Based on the impact configuration it is likely that the force direction for Vehicle 2 would have been in the 12 o'clock area. There was a maximum crush of 43 cm (17 in.) to Vehicle 1. The [REDACTED] program computed velocity changes of 33 KPH (20 MPH) for Vehicle 1 and 35 KPH (22 MPH) for Vehicle 2. The longitudinal component of Vehicle 1's induced deceleration (-6 KPH [-4 MPH]) was sufficient to deploy the driver air bag system. It should be noted that there was significant snagging between the front of Vehicle 2 and the left rear tire/wheel of Vehicle 1.

The impact rotated Vehicle 1 sharply in a counterclockwise direction. Vehicle 2 was forced into a counterclockwise rotation. Vehicle 1 came to rest just beyond the southwest corner of the intersection facing 270 degrees from its original path of travel. Vehicle 2 came to rest approximately 4 m (13 ft) south of the east/west roadway facing northwest approximately 120 degrees from its original path of travel.

The 37-year-old female driver of the Plymouth Voyager was in a forward driving position at impact and was wearing the manual 3-point lap and shoulder restraint system.

She responded to the 9 o'clock force by initiating a lateral trajectory with respect to the vehicle, and contacted the left door panel. This contact did not result in any injuries. She also engaged the deploying supplemental restraint system (air bag). There was no evidence of any loading of the restraint system. As a result of her involvement with the deploying SRS (airbag), the driver sustained a cut on her bottom lip and a swollen mouth. The driver also sustained a contusion to her right knee as a result of a lower instrument panel contact.

The 7-1/2 year-old female in the left rear seat was seated in a forward facing position and was wearing the manual 3-point lap and shoulder restraint system. She responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. Her forehead struck some unknown object (possibly the side glass or its locking mechanism) causing a quarter size abrasion. The lap portion of the restraint loaded causing contusions across this occupant's pelvic area. She lost consciousness for 2-3 minutes following the collision and was later diagnosed as having sustained a concussion. She also sustained a strained muscle in her left leg which, at the time of the interview (two weeks following the collision), has not yet healed and is causing her to drag her leg somewhat as she walks.

The four-year-old male in the right rear seat was seated in a forward facing position and had been placed in a "██████" toddler seat. The seat had been secured by the lap/shoulder system using a locking clip. He responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. He struck some unknown object with his left ear causing it to later swell and turn purple according to the driver.

The driver of Vehicle 1 was able to exit the vehicle on her own. All three occupants of Vehicle 1 were transported to a local hospital. The driver of Vehicle 2 was also transported to a local hospital.

Both vehicles were towed from the scene due to damage. Vehicle 1 was subsequently "totalled" out and sold as salvage.

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The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

DYNAMIC SCIENCE, INC.
ACCIDENT INVESTIGATION
CASE NUMBER: DSI-93-SP-22

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ACCIDENT DATA:

Location: [REDACTED] California
Area/Type: Rural
Date/Time: Winter/Weekday
Accident Type: Van/Car, front to side intersection type collision.

Injury Severity:

Vehicle 1: Driver, AIS -1
L/R Occupant, AIS-1
R/R Occupant, AIS-1

Vehicle 2: Driver, [REDACTED]

AMBIENCE:

Viewing Conditions: Daylight
Cloud Cover: Cloudy
Precipitation: It was not raining at the time of the collision, but there was 0.109 cm (0.043 in.) of precipitation within the 24-hour period around the accident.
Temperature: 4.4 to 12.2 ° C (40 to 54 ° F)
Road Surface: Wet

ROADWAY:

	VEHICLE 1	VEHICLE 2
Type:	Rural street, two-way	Rural street, two-way
Width:	5.9 m (19.4 ft)	6.4 m (21.0 ft)
Traffic Density:	Light	Light
Median:	None	None
Edge:	Asphalt/gravel/grass	Asphalt/gravel/grass
Surface:	Bituminous	Bituminous
Reported Defects:	None	None
Co-efficient of Friction (est.):	0.75	0.75
Vertical Alignment:	+04 % at intersection	-02 % at intersection
Horizontal Alignment:	Straight	Straight

Traffic Controls:

	VEHICLE 1	VEHICLE 2
Signals:	None	None
Signs:	Stop sign	None
Speed Limit:	89 km/h (55 MPH)	89 km/h (55 MPH)
Markings:	Dual yellow center line, solid/broken. Solid white stop line. STOP imprinted on road prior to stop sign.	Dual yellow center line, solid/broken. Solid white edge lines on both sides of roadway.

VEHICLES:

	VEHICLE 1	VEHICLE 2
Description:	1993 Plymouth Grand Voyager LE van	1984 Mercedes-Benz 300-D
Odometer:	28,966 km (17,999 Mi)	Unknown
Engine:	3.8 liter V6	Unknown
Vehicle Modifications:	None apparent	None apparent
Tire Condition:	Good	Unknown
Manual Restraints:	3-point lap and shoulder belts in each of the four forward bucket seats.	Unknown
Automatic Restraints:	Supplemental restraint system, (driver air bag) that deployed as a result of the side impact.	None
Reported Defects:	None	None
Cargo:	Toddler seat	Unknown
Windshield Damage:	None	Unknown
Fleet:	NA	NA
Tow Status:	Towed due to vehicle damage	Towed due to vehicle damage

VEHICLE DAMAGE:

	VEHICLE 1	VEHICLE 2
Object Struck:	Vehicle 2	Vehicle 1
Event Number:	01	01
CDC:	09LZEW3	Unknown/not inspected
Maximum Crush:	43 CM (17.0 in.)	Unknown/not inspected

VEHICLE VELOCITY ESTIMATES:

	VEHICLE 1	VEHICLE 2
Impact Speed: (estimated)	Unknown	Unknown
Total Delta V:	33 KPH (20 MPH)	35 KPH (22 MPH)
Longitudinal Delta V:	-6 KPH (-4 MPH)	-35 KPH (-22 MPH)
Lateral Delta V:	32 KPH (20 MPH)	-3 KPH (-2 MPH)
Energy Dissipation:	62531.1 joules (46125.1 ft-lb)	127710.4 joules (94203.7 ft-lb)

Delta Vs were computed by the damage algorithm of the OLDMIS program. A copy of the printout is included with the NASS data forms.

COLLISION SEQUENCE:

Pre-Crash:

The vehicle was operated by a 37-year-old female, 157 cm (62 in.) tall with an estimated weight of 77 kg (170 lbs). She was wearing the manual 3-point lap and shoulder belt system. The second occupant of this vehicle was seated immediately behind the driver. She was a 7-year-old female, 133 cm (52.5 in.) tall with a weight of 23 kg (51 lbs). She was wearing the manual 3-point lap and shoulder belt system. The third occupant was seated to the right of the second occupant. He was a 4-year-old male with a weight of 17 kg (37 lbs). He was seated in a toddler seat which was restrained by the lap/shoulder system. All three occupants were seated in captain's chairs.

Vehicle 2 was a 1984 Mercedes-Benz 300D driven by a 46-year-old female, 157 cm (62 in.) tall with an estimated weight of 61 kg (135 lbs).

Vehicle 1, the Plymouth Voyager, was initially stopped at a stop sign facing in an easterly direction. Vehicle 2 was travelling southbound approaching the intersection at an estimated speed of 89 KPH (55 MPH).

Crash:

The driver of Vehicle 1 saw one vehicle go by and then proceeded into the intersection. The driver of Vehicle 2 saw Vehicle 1 enter the intersection. She braked and steered to the right to avoid the collision. She was unable to do so and the front of Vehicle 2 struck the left side of Vehicle 1 in a broadside configuration just behind the driver's door. The full frontal area of Vehicle 2 impacted the left side of Vehicle 1. The resultant direction of force for Vehicle 1 was 9 o'clock. Based on the impact configuration it is likely that the force direction for Vehicle 2 would have been in the 12 o'clock area. There was a maximum crush of 43 cm (17 in.) to Vehicle 1. Crush values at sill/above sill are as follows: C1: 0 cm (0 in.), C2: 19 cm (7.5 in.), C3: 39 cm (15.25 in.), C4: 34 cm (13.25 in.), C5: 15 cm (6.0 in.), and C6: 0 cm (0 in.). The OLDMISS program computed velocity changes of 33 KPH (20 MPH) for Vehicle 1 and 35 KPH (22 MPH) for Vehicle 2. The longitudinal component of Vehicle 1's induced deceleration (-6 KPH [-4 MPH]) was sufficient to deploy the supplemental restraint system (driver air bag). It should be

noted that there was significant snagging between the front of Vehicle 2 and the left rear tire/wheel of Vehicle 1.

Post Crash:

The impact rotated Vehicle 1 sharply in a counterclockwise direction. Vehicle 2 was forced into a counterclockwise rotation. Vehicle 1 came to rest just beyond the southwest corner of the intersection facing 270 degrees from its original path of travel. Vehicle 2 came to rest approximately 4 m (13 ft) south of the east/west roadway facing northwest approximately 120 degrees from its original path of travel.

**Occupant
Kinematics:**

The 37-year-old female driver of the Plymouth Voyager was in a forward driving position at impact and was wearing the manual 3-point lap and shoulder restraint system. She responded to the 9 o'clock force by initiating a lateral trajectory with respect to the vehicle, and contacted the left door panel. This contact did not result in any injuries. She also engaged the deploying supplemental restraint system (airbag). There was no evidence any loading of the restraint system. As a result of her involvement with the deploying SRS (air bag), the driver sustained a cut on her bottom lip and a swollen mouth. The driver also sustained a contusion to her right knee as a result of a lower instrument panel contact.

The 7-1/2 year-old female in the left rear seat was seated in a forward facing position and was wearing the manual 3-point lap and shoulder restraint system. She responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. Her forehead struck some unknown object (possibly the side glass or its locking mechanism) causing a quarter size abrasion. The lap portion of the restraint loaded causing contusions across this occupant's pelvic area. She lost consciousness for 2-3 minutes following the collision and was later diagnosed as having sustained a concussion. She also sustained a strained muscle in her left leg which, at the time of the interview (two weeks following the collision), has not yet healed and is causing her to drag her leg somewhat as she walks.

The four-year-old male in the right rear seat was seated in a forward facing position and had been placed in a "toddler seat". The seat had been secured by the lap/shoulder system using a locking clip. He responded to the 9 o'clock force by initiating a forward and left trajectory with respect to the vehicle. He struck some unknown object

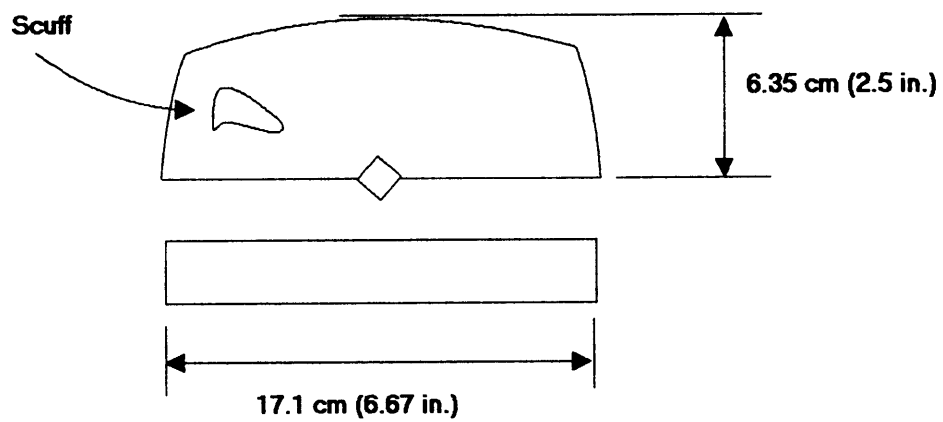
with his left ear causing it to later swell and turn purple according to the driver.

Airbag System:

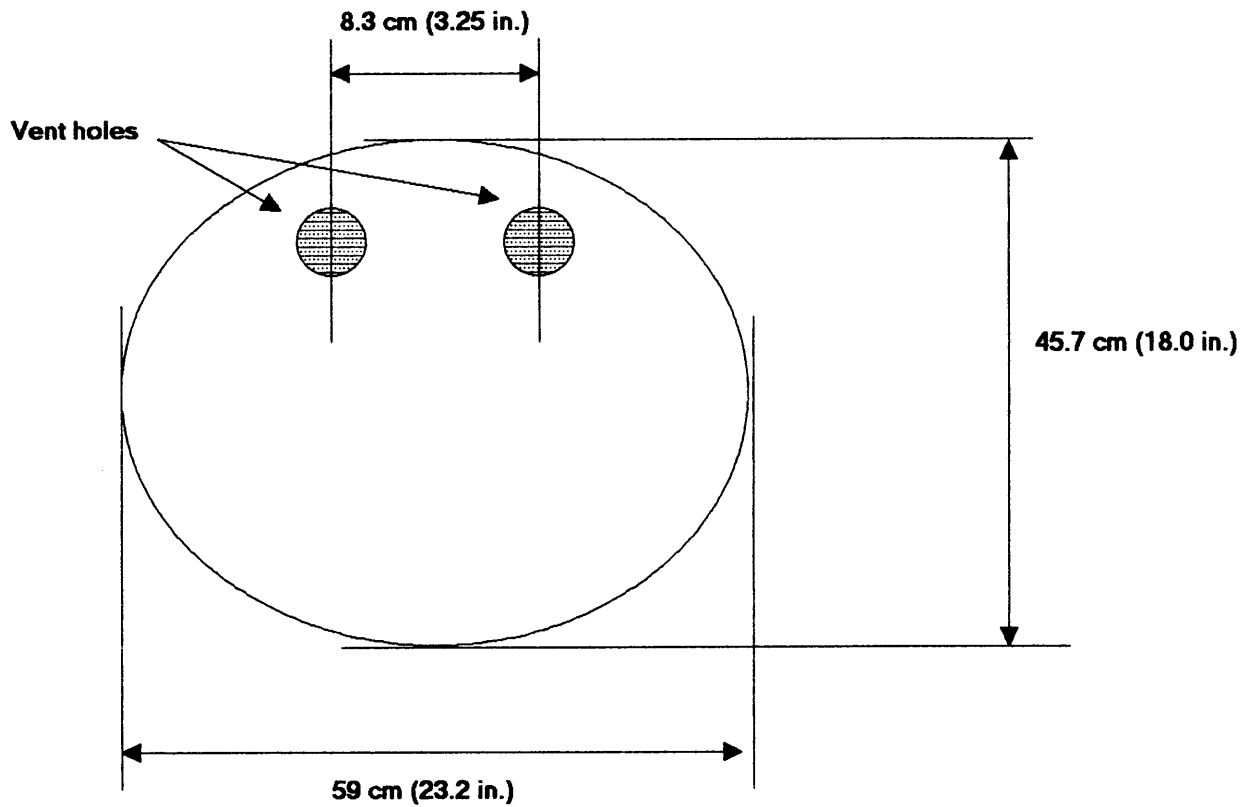
Vehicle 1 was equipped with a supplemental restraint system (driver air bag) that deployed as a result of the side impact with Vehicle 2. The air bag was not damaged during deployment. The bag measured 58.4 cm (23.0 in.) by 45.7 (18.0 in.) in its deflated state. Two venting ports were located on the back side of the bag away from the driver and were located at the 11 and 1 o'clock positions.

The module flap parted at the designated tear points. The upper flap measured 6.35 cm (2.5 in) vertically and 17.1 (6.67 in.) horizontally. There was a light scuff on the left side of the upper flap, mostly likely a result of cover to wheel contact during deployment.

Flap Dimensions



Airbag - Rear View



Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-SP-22

Scene Clearance: The driver of Vehicle 1 was able to exit the vehicle on her own, using the driver's door. All three occupants of Vehicle 1 were transported to a local hospital. The driver of Vehicle 2 was also transported to a local hospital.

Both vehicles were towed from the scene due to damage. Vehicle 1 was subsequently "totalled" out and sold as salvage.

Safety Standards: There were no violations of Federal Motor Vehicle Safety Standards and Regulations found during the inspection of the case vehicle.

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	DRIVER	OCCUPANT 2
Age/Sex:	37/Female	7/Female
Seated Position:	Left front	Left rear
Seat Type:	Bucket	Bucket
Height:	157 cm (62 in.)	135 cm (53 in.)
Weight:	77 kgs (170 lbs)	23 kgs (51 lbs)
Occupation:	Unknown	None
Pre-existing Medical Condition:	None noted	None noted
Alcohol/Drug Involvement:	No	No
Driving Experience:	Unknown	None
Body Posture:	Normal, upright.	Normal, upright
Hand Position:	On steering wheel. 11/1 o'clock positions.	NA
Foot Position:	Right on accelerator. Left on floorboard.	NA
Restraint Usage:	3-point lap and shoulder and SRS	3-point lap and shoulder
Additional Occupants:	Yes, 2	

DRIVER AND OTHER OCCUPANTS:

VEHICLE 1

	Occupant # 3
Age/Sex:	4/Male
Seated Position:	Right rear
Seat Type:	Bucket
Height:	Unknown
Weight:	17 kgs (37 lbs)
Occupation:	None
Pre-existing Medical Condition:	None
Alcohol/Drug Involvement:	None
Driving Experience:	NA
Body Posture:	Unknown
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Seated in properly installed toddler seat.
Additional Occupants:	None

DRIVER AND OTHER OCCUPANTS (con't):

VEHICLE 2

DRIVER

Age/Sex:	46/Female.
Seated Position:	Left front
Seat Type:	Unknown
Height:	157 cm (62 in)
Weight:	61 kg (135 lb)
Occupation:	Unknown
Pre-existing Medical Condition:	Unknown
Alcohol Involvement:	None
Driving Experience:	Unknown
Body Posture:	Unknown
Hand Position:	Unknown
Foot Position:	Unknown
Restraint Usage:	Shoulder harness used, per PAR
Additional Occupants:	None

Dynamic Science, Inc.
In-Depth Investigation
Case Number: DSI-93-SP-22

INJURIES:

Vehicle 1

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Contusion, upper lip	290402.1,8	920	Airbag
	Laceration, lower lip	290600.1,8	873.04	Airbag
	Contusion, right knee	890402.1,1	924.11	Lower instrument panel
L/R OCCUPANT:	Concussion - unconscious 2-3 minutes, per interviewee	160202.2,0	850.1	Unknown
	Forehead abrasion	290202.1,7	910	Unknown
	Contusion, left pelvic area	890402.1,2	924.01	Lap belt
	Contusion, right pelvic area	890402.1,1	924.01	Lap belt
	Muscle strain, left calf	840602.1,2	844.9	Unknown
R/R OCCUPANT:	Contusion, left ear	290402.1,2	920	Unknown

Dynamic Science, Inc.
In-Depth Investigation
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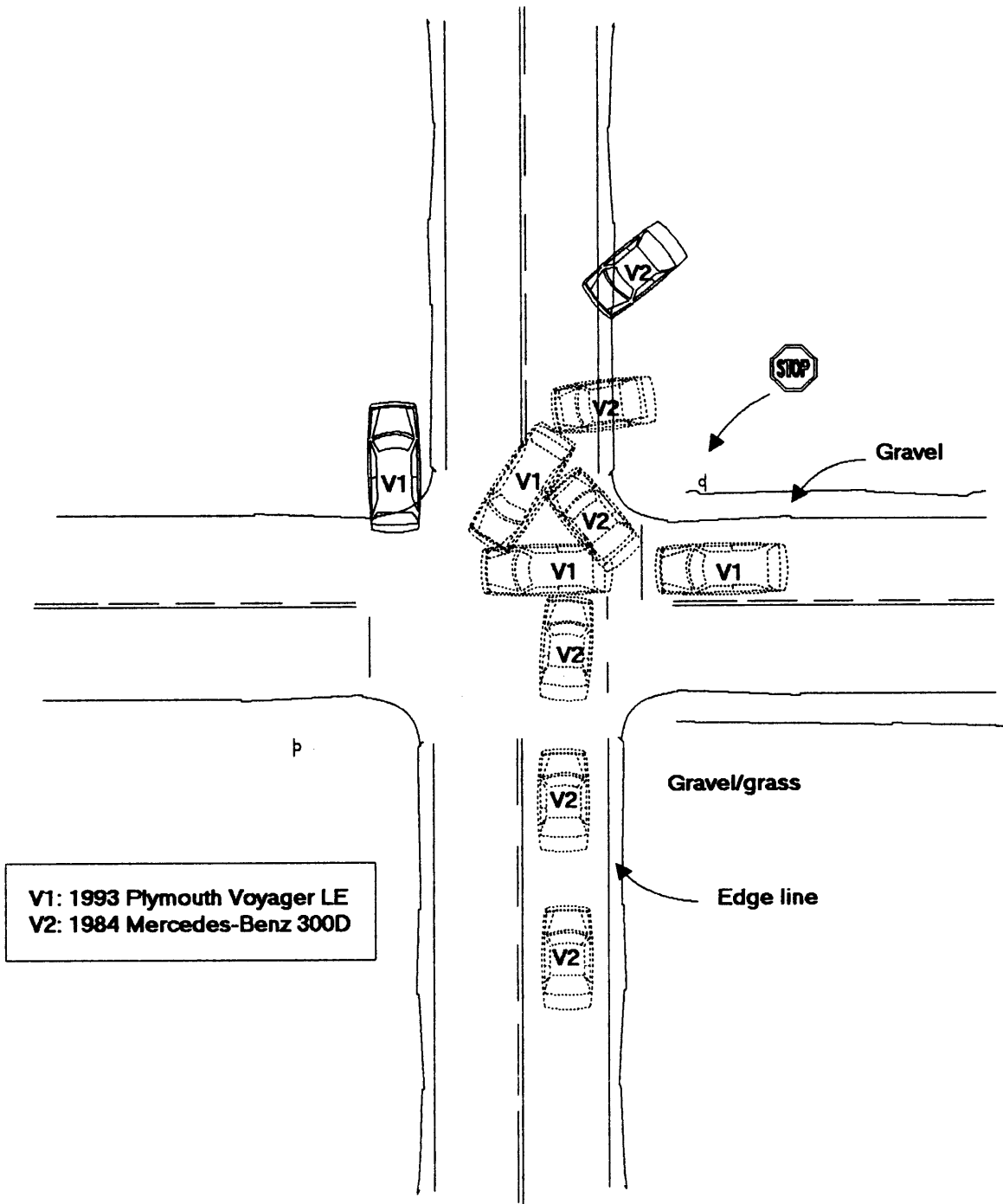
INJURIES:

Vehicle 2

	<u>INJURY</u>	<u>OIC CODE</u>	<u>ICD-9</u>	<u>SOURCE</u>
DRIVER:	Forehead laceration	290600.1,7	873.52	Unknown

Abbreviations Used In Scene And Photographic Documentation

ft	Feet
in	Inches
AIS	Abbreviated Injury Scale
BLF	Begin Left Front
BLR	Begin Left Rear
BRF	Begin Right Front
BRR	Begin Right Rear
CBE	Cab Behind Engine
CCW	Counterclockwise
CDC	Collision Deformation Classification
CG	Center of Gravity
CW	Clockwise
E, EB	East, Eastbound
ELF	End Left Front
ELR	End Left Rear
ERF	End Right Front
ERR	End Right Rear
FRP	Final Rest Position
I	Interstate Highway
IP	Intermediate Point
KG	Kilogram
KPH	Kilometers Per Hour
LF	Left Front
LR	Left Rear
M	Meter
N, NB	North, Northbound
NE	Northeast
NW	Northwest
PDOF	Principal Direction of Force
POI	Point of Impact
R	Radius of Curvature
RF	Right Front
RL	Reference Line
RP	Reference Point
RR	Right Rear
S, SB	South, Southbound
SE	Southeast
SW	Southwest
T	Time or Elapsed Time (in seconds)
U.S.	United States Highway
V1	Vehicle Number 1
W, WB	West, Westbound



COLLISION MEASUREMENTS

Case Number DSI-93-SP-22

Reference Point: Prolongation of north road edge

Reference Line: East road edge line

DATA POINT	LONGITUDINALS	LATERALS
East road edge line	0	0
Double, yellow line, west edge of northbound travel lane	0	3 m (9.8 ft) W
West road edge line	0	6.4 m (21.0 ft) W
South road edge line	5.9 m (19.4 ft) S	0
Double, yellow line, south edge of westbound travel lane	3 m (9.9 ft) S	0
North road edge	0	0
Utility box from V1 interior	9.6 m (31.5 ft) S	11.1 m (36.6) ft E
Gouges (begin) - possibly from left rear of V1	9.1 ft N	1.5 - 3.9 ft W
Gouges (end)	17.4 ft N	8.8 ft W

PHOTO INDEX

Case No. DSI-93-SP-22

PHOTO NO.	VEHICLE NO.	DIRECTION OF PICTURE	SUBJECT MATTER
1-3	1	E	Approach to intersection.
4	1	E	Impact area.
5	1	W	Looking back along path of Vehicle 1.
6-8	2	S	Approach to intersection.
9	2	S	Impact area.
10	2	S	Path to final rest.
11	2	N	Looking back along path of Vehicle 2.
12-14	1	NW	Debris from interior of Vehicle 1.
15-27	1	CCW	Exterior of Vehicle 1. Note: #20-21 show closeup of damaged left rear axle, #23-24 show damage near latch/striker plate area of left front door.
28-51	1	NA	Interior of Vehicle 1. Note: #38 shows locking clip for right rear seat, #42 shows left rear glazing latch, #43-44 show left side intrusion, #45 shows back of left front seat, #46 shows back of right front seat, #47-48 show base of left and right front seats, #49-51 show closeup of airbag and airbag module.

SP22-2



SP22-4



SP22-1



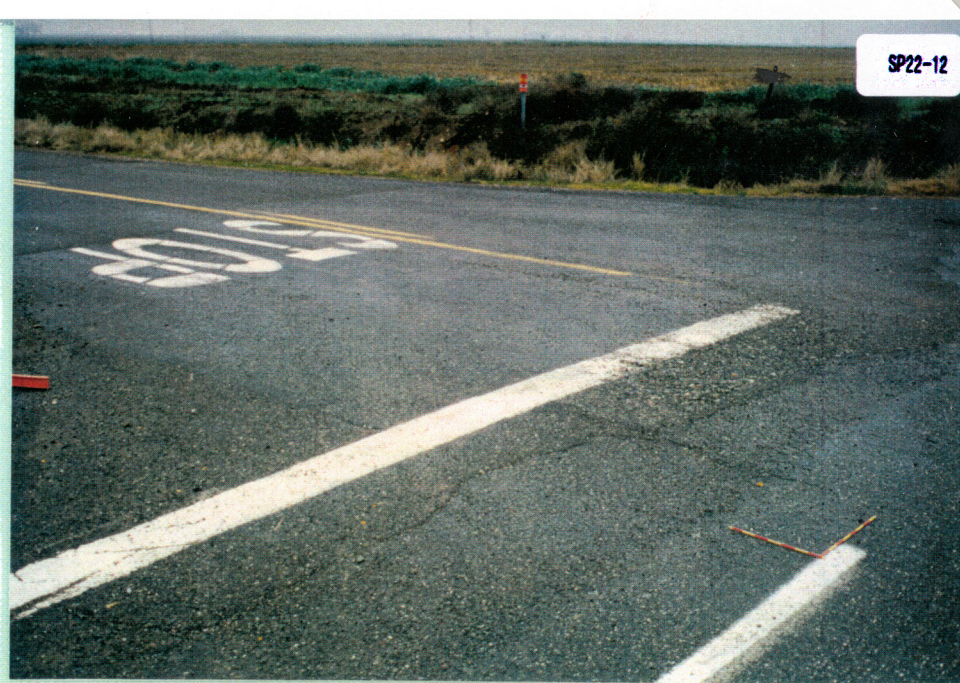
SP22-3







SP22-10



SP22-12



SP22-9

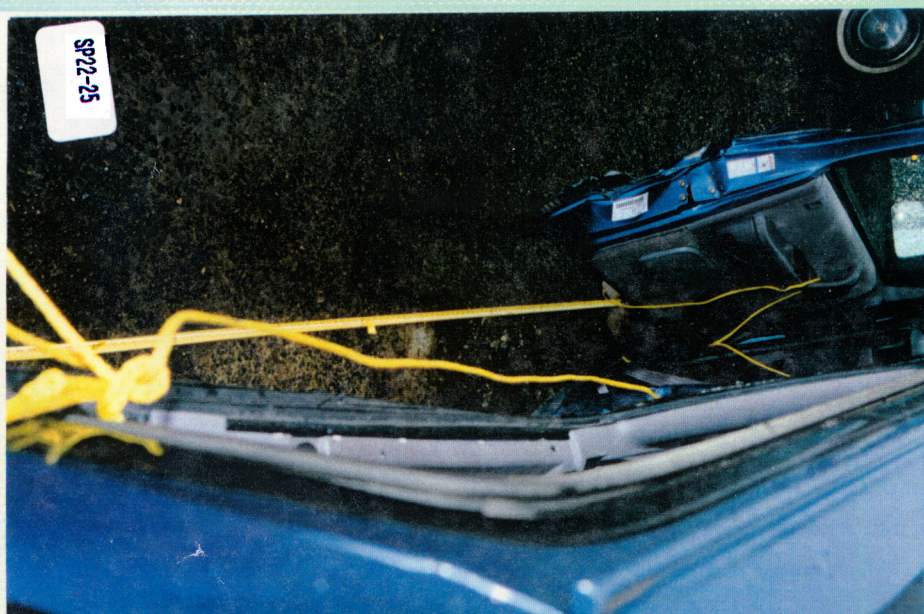


SP22-11













SP22-35



SP22-36

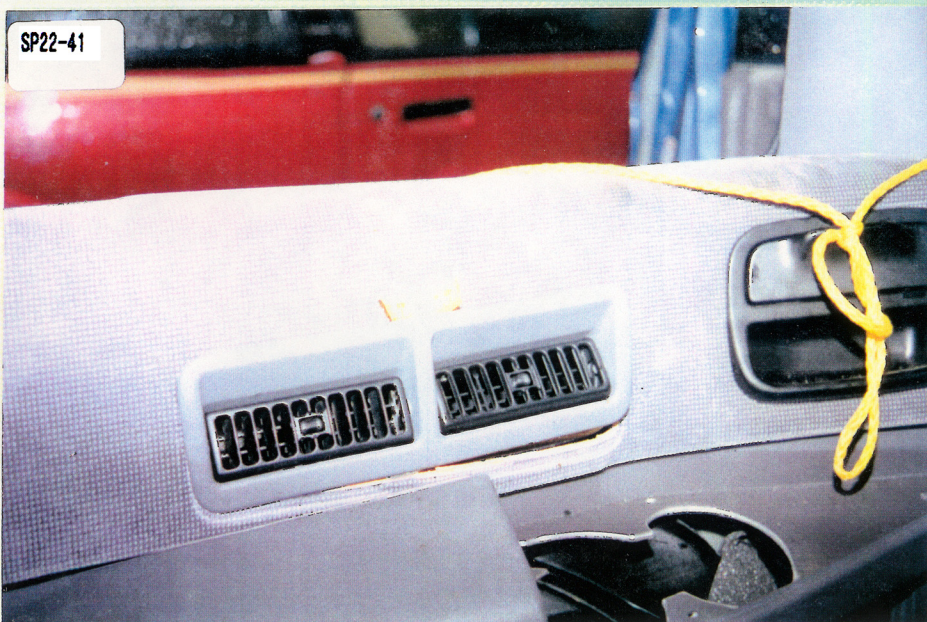


SP22-37

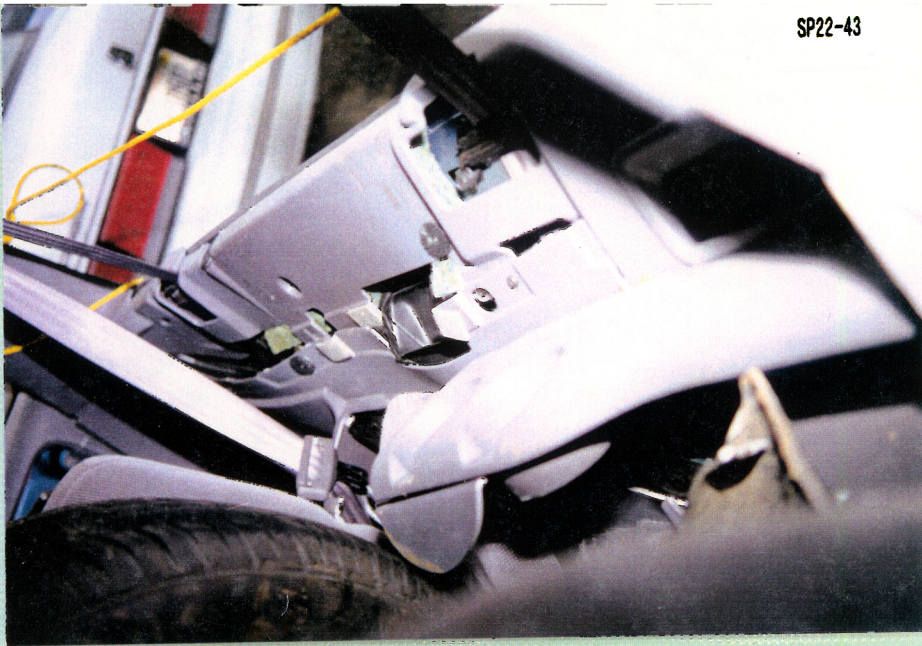


SP22-38

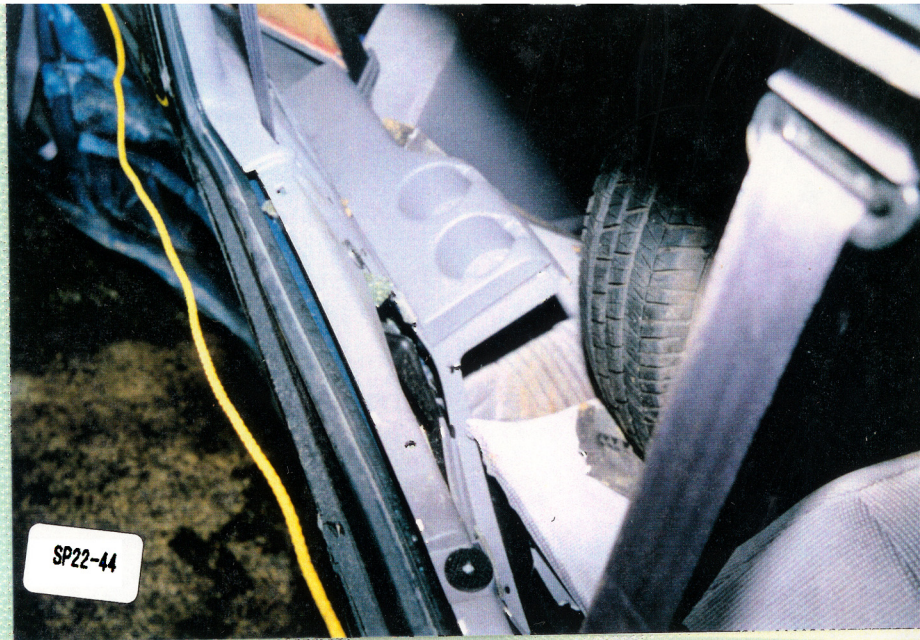




SP22-43



SP22-44



SP22-45



SP22-46







S001 +2 P014

25

S001 -2 P003

UP

S001 -2 P002

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U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum S P 2 2

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 42

4. Date of Accident
(Month, Day, Year) WINTER / WEEKDAY 9 3

5. Time of Accident MORNING

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS14 Fatal AOPS 4

7. SS15 Administrative Use 4

8. SS16 _____ 4

9. SS17 _____ 4

10. SS18 _____ 4

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 41

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>41</u>	14. <u>13</u>	15. <u>L</u>	16. <u>42</u>	17. <u>43</u>	18. <u>F</u>
19. <u>0 2</u>	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____
26. <u>0 3</u>	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____
33. <u>0 4</u>	34. _____	35. _____	36. _____	37. _____	38. _____	39. _____
40. <u>0 5</u>	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT



U.S. Department of Transportation
National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____
2. Case Number - Stratum 5 P 2 2
3. Vehicle Number 0 1

VEHICLE IDENTIFICATION

4. Vehicle Model Year 7 3
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): 0 9
PLYMOUTH
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 4 4 2
VOYAGER LE
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown
7. Body Type 2 0
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number
1 P 4 S H 5 4 R 2 P X X X X X X X
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
10. Police Reported Travel Speed 9 9 9
Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown
____ mph X 1.6093 = ____ kph

11. Police Reported Alcohol Presence 0
(0) No alcohol present
(1) Yes (alcohol present)
(7) Not reported
(8) No driver present
(9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 9 6
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

ACCIDENT RELATED

13. Speed Limit 4 8 9
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown
55 mph X 1.6093 = 4 8 9 kph
14. Attempted Avoidance Maneuver 0 1
(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):
(99) Unknown
15. Accident Type 8 9
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):
(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle 43
(00-96) Code actual number of occupants
for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted 4324. Rollover 4

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily
about the lateral axis)
(9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,660
Code weight to nearest
10 kilograms.

- (045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown

3,652 lbs X .4536 = 1,657 kgs

Source: _____

20. Vehicle Cargo Weight 9,990
Code weight to nearest
10 kilograms.

- (000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown

_____, _____ lbs X .4536 = _____ kgs

RECONSTRUCTION DATA

21. Towed Trailing Unit 4

- (0) No towed unit
(1) Yes--towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data
for This Vehicle 4
(0) No
(1) Yes

23. Post Collision Condition of Tree or Pole
(For Highest Delta V) 4
(0) Not collision (for highest delta V) with
tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify):

(9) Unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 426. Rear Override/Underride (this Vehicle) 4

- (0) No override/underride, or
not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
(9) Unknown

HEADING ANGLE AT IMPACT FOR
HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle For This Vehicle 49428. Heading Angle For Other Vehicle 185

29. Basis for Total Delta V (highest) 3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

32.51 Nearest kph

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V5.66 Nearest kph

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

32. Lateral Component of Delta V

Secondary Highest

32.05 Nearest kph

(NOTE: __000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(__999) Unknown

33. Energy Absorption

62531.1 Nearest 100 joules

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence φ

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver φ

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver φ

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify):

- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

**DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER**

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>φ</u>	41. <u>φ</u>
Depressant Drug	42. <u>φ</u>	43. <u>φ</u>
Stimulant Drug	44. <u>φ</u>	45. <u>φ</u>
Hallucinogen Drug	46. <u>φ</u>	47. <u>φ</u>
Cannabinoid Drug	48. <u>φ</u>	49. <u>φ</u>
Phencyclidine (PCP)	50. <u>φ</u>	51. <u>φ</u>
Inhalant Drug	52. <u>φ</u>	53. <u>φ</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>φ</u>	55. <u>φ</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA

56. Driver's Zip Code

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify):
 (9) Unknown

58. Vehicle Special Use (This Trip)

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify):
 (9) Unknown

61. Rollover Initiation Object Contacted

62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify):
 (8) Non-contact rollover forces (specify):
 (9) Unknown

63. Direction of Initial Roll

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify:
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

PRECRASH DATA

64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify):
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 1 7*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location
- (98) Other critical precrash event (specify): _____
- (99) Unknown

For Corrective Actions Attempted see variable GV14
(Attempted Avoidance Maneuver)

66. Precrash Stability After Avoidance Maneuver φ

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____
- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) φ

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	____	3. Vehicle Number	<u>0</u> / <u>1</u>
2. Case Number - Stratum	<u>S</u> <u>P</u> <u>22</u>		

VEHICLE IDENTIFICATION

VIN 1 P 4 G H 5 4 R 2 P X ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ ~~X~~ Model Year 93
Vehicle Make (specify): PLYMOUTH Vehicle Model (specify): GRAND VOYAGER LE

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
1	51 CM (20") FROM REAR	END OF VEHICLE

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

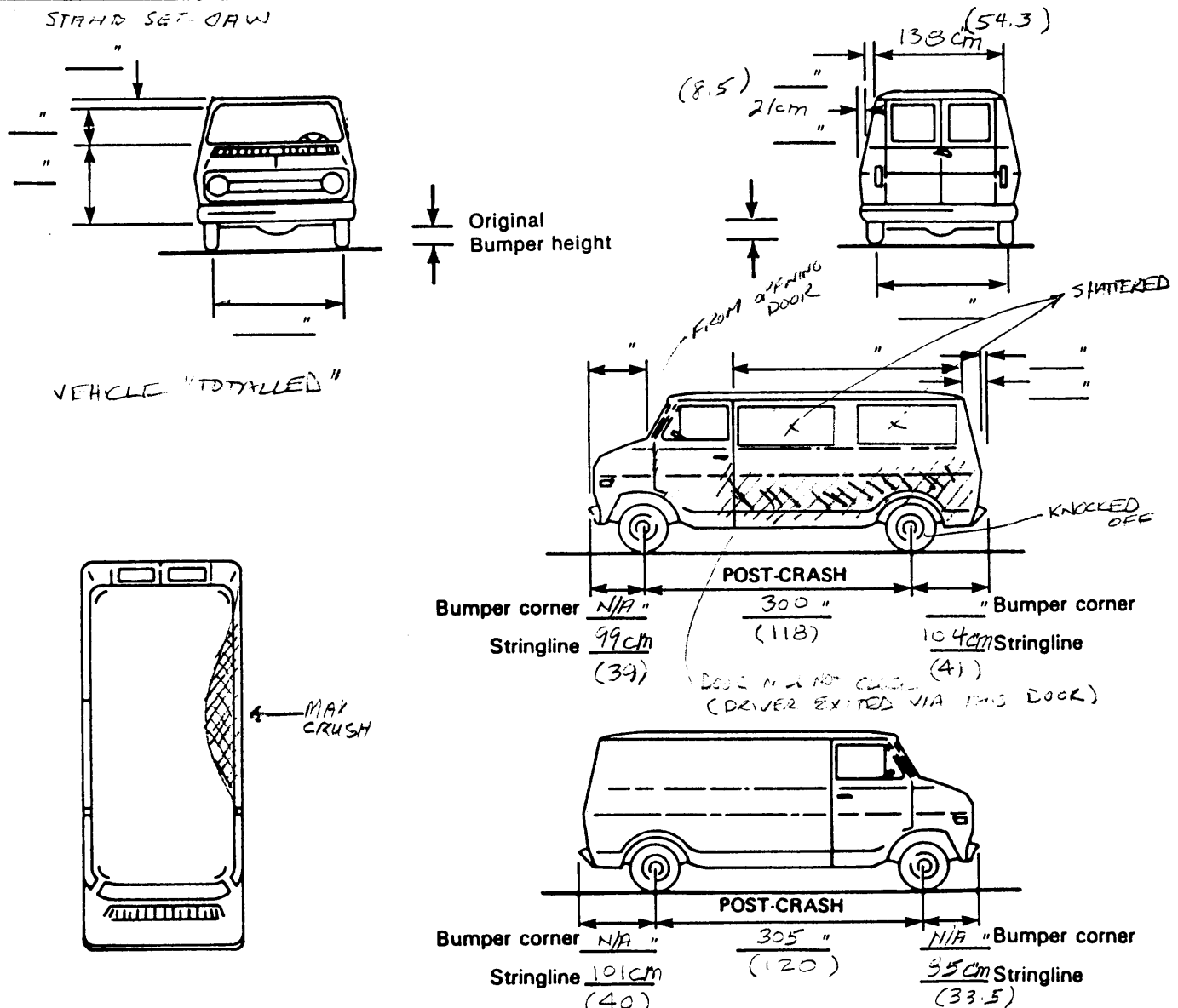
Use as many lines/columns as necessary to describe each damage profile.

1. MAX C = 17''
43 cm

[illegible]

VEHICLE DAMAGE SKETCH

TIRE - WHEEL DAMAGE a. Rotation physically restricted b. Tire deflated RF <u>2</u> RF <u>2</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>3 - KNOCKED OFF</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		ORIGINAL SPECIFICATIONS Wheelbase <u>118.9</u> <u>302 cm</u> Overall Length <u>192.9</u> <u>490 cm</u> Maximum Width <u>72.0</u> <u>183 cm</u> Curb Weight <u>3652</u> <u>1057 kg</u> Average Track <u>155 cm</u> Front Overhang <u>86 cm</u> Rear Overhang <u>102 cm</u> Engine Size: cyl./ displ. <u>3.3 L</u> Undeformed End Width <u>N/A</u>		WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u> </u> ° LF \pm <u> </u> ° RR \pm <u> </u> ° LR \pm <u> </u> ° Within ± 5 degrees
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD		
		Approximate Cargo Weight <u>NONE VISIBLE</u>		



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>1</u>	5. <u>2</u>	6. <u>9</u>	7. <u>L</u>	8. <u>E</u>	9. <u>E</u>	10. <u>W</u>	11. <u>2</u>

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	22. <u>±D</u>
<u>344</u>	<u>444</u>	<u>419</u>	<u>439</u>	<u>434</u>	<u>415</u>	<u>444</u>	<u>+ 493</u>

Second Highest Delta "V"

23. <u>L</u>	24. <u>C₁</u>	<u>C₂</u>	<u>C₃</u>	<u>C₄</u>	<u>C₅</u>	<u>C₆</u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+</u> <u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File? 4
(0) No
(1) Yes

27. Researcher's Assessment of Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

28. Original Wheelbase 342
Code to the nearest centimeter
(999) Unknown

118.9 inches X 2.54 = 302 centimeters

29. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle? 4

(0) No post manufacturer modifications

(1) Yes - post manufacturer modifications
(specify): _____

(Include photograph of CERTIFICATION
PLACARD in case report)

(9) Unknown if vehicle is modified

30. Fire Occurrence 4

(0) No fire

Yes, fire occurred

(1) Minor

(2) Major

(9) Unknown

31. Origin of Fire 4

(0) No fire

(1) Vehicle exterior (front, side, back, top)

(2) Exhaust system

(3) Fuel tank (and other fuel retention
system parts)

(4) Engine compartment

(5) Cargo/trunk compartment

(6) Instrument panel

(7) Passenger compartment area

(8) Other location (specify): _____

(9) Unknown

32. Type of Fuel Tank 1

(0) No fuel tank (electrical vehicle)

(1) Metallic

(2) Non-metallic

(9) Unknown

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS ***
(I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



Dynamic Science, Inc.

INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

INTEGRITY

4. Passenger Compartment Integrity

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window ✓

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 0 8. RR 1 9. TG/H 1

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0
20. BL 0 21. Roof 0 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 1 25. RF 0 26. LR 9 27. RR 0
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage And No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 3 33. RF 0 34. LR 3 35. RR 0
36. BL 0 37. Roof 0 38. Other 3

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 2 41. RF 0 42. LR 2 43. RR 0
44. BL 0 45. Roof 0 46. Other 2

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>2 1</u>	48. <u>2 8</u>	49. <u>3</u>	50. <u>3</u>
2nd	51. <u>2 1</u>	52. <u>0 8</u>	53. <u>2</u>	54. <u>3</u>
3rd	55. <u>2 1</u>	56. <u>1 7</u>	57. <u>2</u>	58. <u>3</u>
4th	59. <u>3 1</u>	60. <u>2 8</u>	61. <u>1</u>	62. <u>3</u>
5th	63. <u>2 1</u>	64. <u>0 7</u>	65. <u>1</u>	66. <u>3</u>
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
(11) Left
(12) Middle
(13) Right

Second Seat
(21) Left
(22) Middle
(23) Right

Third Seat
(31) Left
(32) Middle
(33) Right

Fourth Seat
(41) Left
(42) Middle
(43) Right

(97) Catastrophic
(98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING COLUMN**87. Steering Column Type** 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):
 (9) Unknown

88. Blank X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

89. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

90. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

91. Blank X X X

(This variable is left blank so that numbering consistency can be maintained with the 1988-93 CDS.

92. Steering Rim/Spoke Deformation φ φ

- Code actual measured deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

93. Location of Steering Rim/Spoke Deformation φ φ

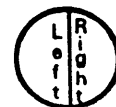
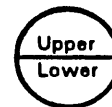
(00) No steering rim deformation

Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D

**Half Sections**

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown

INSTRUMENT PANEL**94. Odometer Reading** φ 2 9,000

_____ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown

17,999 miles X 1.6093 = 28,966 kilometers

Source: _____

95. Instrument Panel Damage from Occupant Contact? φ

- (0) No
 (1) Yes
 (9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? φ

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? φ

- (0) No
 (1) Yes
 (8) Not present
 (9) Unknown

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	NA			BLOOD	NA
B	45	01	TORSO	DEPLOYED	2
C	24	01	ARM/TORSO	FABRIC TRANSFER	2
D	24	03	-	SCUFFS	2
E	NA			MUD	NA
F	24	03	?	PLASTIC CRACKED - IMPACT/INTRUSION	2
G	16	-	-	SCUFF - RELATED TO DEPLOYMENT	NA
H					
I					
J					
K					
L					
M					
N					

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): _____
- (19) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): _____
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): _____
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): _____

- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	/	3
	Seat Type	41	/	41
	Seat Performance	6	/	1
	Seat Orientation	1	/	1
SECOND	Head Restraint Type/Damage	3	/	3
	Seat Type	41	/	41
	Seat Performance	6	/	1
	Seat Orientation	1	/	1
THIRD	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/
OTHER	Head Restraint Type/Damage	/	/	/
	Seat Type	/	/	/
	Seat Performance	/	/	/
	Seat Orientation	/	/	/

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): OCCL / BASE — MOVEMENT / NOT A FAILURE
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	03					
1. Type of Child Safety Seat	2					
2. Child Safety Seat Orientation	12					
3. Child Safety Seat Harness Usage	19					
4. Child Safety Seat Shield Usage	19					
5. Child Safety Seat Tether Usage	19					
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage

4. Child Safety Seat Shield Usage

5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

GERRY TODDLER SEAT

FORWARD FACING

INTERVIEW FORM

Case Number: DSI-93-SP-22
Vehicle Number: 01 (van)
Interviewee: Driver/Driver's husband

Description of Accident

"Approached stop sign at the intersection. Stopped. Watched as one car went past. Looked to the left and saw nothing. There is a dip in the distance. I believe the Mercedes was in the dip and that's why I didn't see it. I started to pull out. The Mercedes saw me and braked. I accelerated but couldn't get out of the way. Mercedes hit just behind driver's door. I was spun around almost all the way around and ended up near the road edge."

Additional Details

Accident Date/Time: [REDACTED] 1993 / [REDACTED]
Accident Location: [REDACTED] CA
Cargo [Describe]: Unknown - child seat

Specific Questions - Other Vehicles

Year/Make/Model: Mercedes
Occupant Details:

Notes

Extrication: Was able to open her own door. She exited the vehicle opened up the sliding door on the passenger side. Son was crying. Retrieved him and took him to the roadside. Went back to get her daughter but she was unconscious. People began showing up. She went back to her son and when someone was with him she went back to her daughter. Daughter awoke after 2-3 minutes. All three were transported from the scene to a local hospital. The daughter was held overnight for observation.

Seating: All three occupants were seated in captain's chairs. The daughter was in the second seat left and the son was in the second seat right. The son was seated in a forward-facing "Gerry" toddler seat. The seat was attached using the belt system with a clip. The car seat was last seen in the van.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERVIEW FORM (B)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

2. Case Number - Stratum SP 22

3. Vehicle Number 41

Interviewee(s) Role or Name(s): DRIVER

ACCIDENT DATA QUESTIONS

1. Can you tell me in which direction you were traveling?

☐ North ☒ South ☐ East ☐ West

(Optional - Where were you coming from or going to?

2. In which lane were you traveling?

(Note: Lane 1 is designated as the right curb lane.)

☒ [1] ☐ [2] ☐ [3] ☐ [4] ☐ Other (specify): _____

3. Can you remember your estimated travel speed (in miles per hour) before the accident?

☐ Stopped ☒ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

4. Just before the accident, can you tell me what you were intending to do or were doing?

☐ Going straight ☐ Stopped
☐ slowing ☐ Accelerating
☒ Turning left ☐ Turning right
☐ Changing lanes to left ☐ Changing lanes to right
☐ Backing
☐ Other (specify): _____

5. Did you experience any loss of control due to weather conditions or mechanical problems?

☒ No
☐ Yes (If yes, describe below)

6. Did you have to take any avoidance actions prior to the accident?

☐ No - Go to question 7
☒ Yes - Go to question 6a

6a. What actions did you take?

☐ Braking with lock-up
☒ Braking without lock-up
☐ Releasing brakes
☐ Accelerating
☐ Steering left
☐ Steering right
☐ Other (specify): _____

7. Where was your vehicle at the time of the collision?

☐ Original travel lane ☐ Different travel lane
☒ In intersection ☐ Off roadway to right
☐ Off roadway to left
☐ Other (specify): _____

8. Was your travel speed at the time of the collision different from your previous travel speed?

☐ No
☐ Lower
☐ higher
☒ Unknown

8a. Can you estimate your speed at the time of the collision?

☐ Stopped ☒ 1-10 ☐ 10-20
☐ 20-30 ☐ 30-40 ☐ 40-50
☐ 50-60 ☐ 60-70 ☐ 70+

9. Immediately following the collision, can you describe how your vehicle moved to its stopped position?

SPUN ALMOST COMPLETELY
AROUND

10. Can you tell me how many collisions your vehicle had during the accident and the source of the collisions?

1. Primary Sampling Unit Number

3. Vehicle Number

41

2. Case Number - Stratum

SP 22

4. Occupant Number

41

VEHICLE/DRIVER DATA QUESTIONS

1. Can you tell me the year, make, model of your vehicle?

1 9 9 3 PLYMOUTH VOYAGER
 Year Make Model

2. Can you describe the damage to your vehicle?

HEAVY LEFT SIDE DAMAGE

3. Was there any previous damage to your vehicle that is not related to this accident?

☒ No
☐ Yes (If "yes", describe below)

4. Did any of the doors (hatch, tailgate) open during the accident?

☒ No
☐ Yes (If "Yes", describe below)

5. Did any of the windows break during the accident?

☐ No
☒ Yes (If "Yes", describe below)

LEFT / BOTH

6. Does your vehicle have a glove compartment?

☐ No
☒ Yes

6a. Did the glove compartment door come open during the accident?

☒ No
☐ Yes
☐ Unknown

7. Does your vehicle have "seat belts"?

☐ No (If "No", go to question 7b)
☒ Yes (If "Yes", go to question 7a)

7a. Can you describe the type of seat belt for each seat?

Driver's seat	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Front seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Front seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat left	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder
Rear seat middle	<input type="checkbox"/> Lap	<input type="checkbox"/> Lap and shoulder
Rear seat right	<input type="checkbox"/> Lap	<input checked="" type="checkbox"/> Lap and shoulder

(Identify seat belts for third row and beyond)

?

7b. Were any of the belts removed or not functional prior to the accident?

☒ No
☐ Yes (If "Yes", specify which belt and describe problem)

8. Do any of the front belts move along a motorized track when the door is opened or closed?

☒ No (If "No", go to question 9)
☐ Yes (If "Yes", what seat location?)
☐ Left Front
☐ Right Front

8a. Were the motorized belts working properly before the accident?

☐ No (If "No", describe condition below)

☐ Yes

8b. Were the belts connected to the track prior to the accident?

☐ No
☐ Yes
☐ Unknown

9. Do any of the front "seat" belts attach to the door such that when the door is opened the belt travels with the door?

☒ No (go to question 10)
☐ Yes

9a. Does this belt come across the _____?

☐ Chest only
☐ Lap and chest

9b. Was this belt connected prior to the accident?

☐ No
☐ Yes
☐ Unknown

AIR BAGS

10. Is your vehicle equipped with a driver's side air bag?

☐ No (go to question 11)
☒ Yes (go to question 10a)
☐ Unknown (go to question 11)

10a. Did the air bag inflate during the accident?

☐ No (go to questions 10b and 10c)
☒ Yes (go to question 10e)

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01
 2. Case Number - Stratum SP 22 4. Occupant Number 01

VEHICLE/DRIVER DATA QUESTIONS (CONTINUED)

10b. Was the air bag wiring disconnected prior to the accident?

- ☐ No
☐ Yes (If "Yes", describe previous condition)

☐ Unknown

10c. Was your vehicle involved in any accidents prior to this accident which inflated the air bag?

- ☐ No (go to question 11)
☐ Yes (go to question 10d)
☐ Unknown

10d. Was the air bag re-installed after the accident?

- ☐ No (go to question 11)
☐ Yes
☐ Unknown

10e. Did the air bag inflate as you expected?

- ☐ No (If "No" describe below)

☒ Yes

☐ Unknown

11. Is your vehicle equipped with a passenger side air bag?

- ☒ No (If "No", go to question 12)
☐ Yes (If "Yes", go to question 11a)
☐ Unknown (If "Unknown", go to question 12)

11a. Did the passenger air bag inflate during the accident?

- ☐ No (go to question 11b)
☐ Yes (go to question 12)

11b. Was the passenger air bag wiring disconnected prior to the accident?

- ☐ No
☐ Yes (If "Yes", describe below)

☐ Unknown

11c. Was the passenger air bag inflated in a previous accident?

- ☐ No (go to question 12)
☐ Yes (go to question 11d)
☐ Unknown

11d. Was the passenger air bag re-installed after the accident?

- ☐ No (go to question 12)
☐ Yes
☐ Unknown

11e. Did the passenger air bag inflate as you expected?

- ☐ No (If "No" describe below)

☐ Yes

☐ Unknown

CHILD SAFETY SEAT

12. Was there a person in a child safety seat in your vehicle?

- ☐ No (If "No", go to question 13)

☒ Yes

☐ Unknown

12a. Can you tell me the manufacturer and model of the child safety seat?

"GERRY" TODDLER SEAT

12b. Can you describe the type of child safety seat?

☐ Infant

☒ Toddler

☐ Convertible

☐ Booster

☐ Other (specify):

☐ Unknown

SEAT LEFT W/ VEHICLE
 SINCE OWNER STATED THAT
 THEY DIDN'T WANT TO RE-USE
 A SEAT PREVIOUSLY
 INVOLVED IN AN ACCIDENT.

12c. Where was the child safety seat(s) located?

[12] [13]

[21] [22] [23]

[31] [32] [33]

[Other] (specify):

12d. Can you tell me which direction the child safety seat was facing prior to the accident?

☐ Rear facing

☒ Forward facing,

☐ Other (specify):

☐ Unknown

12e. Was a seat belt used to hold the child seat in place?

☐ No (If "No", go to question 12g)

☒ Yes (If "Yes", go to question 12f)

☐ Unknown

12f. Can you describe how the seat belt was secured to the child seat?

☐ Looped through designated rear framing struts?

☐ Looped through arm rest slots?

☐ Belt across safety shield?

☐ Looped through rear frame outside the designated framing struts?

☐ Other (specify):

☒ Unknown

12g. What was the child safety seat equipped with at the time of purchase? (check all that apply)

☐ Harness

☐ Shield

☐ Tether strap

If any box is checked, ask questions 12h - 12i.

1. Primary Sampling Unit Number

3. Vehicle Number

41

2. Case Number - Stratum

SP 22

4. Occupant Number

41

OCCUPANT DATA QUESTIONS

1. Was there anyone else in your vehicle at the time of the accident?

☐ No (If "No", go to question 4)☐ Yes (If "Yes", specify number in question 2 below and then go to question 3)☐ Unknown

2. How many?

☐ One other person☒ Two other persons☐ Three other persons☐ Four other persons☐ Five other persons☐ Six other persons☐ Seven or more other persons

(specify number:)

3. Where was this person sitting? (Circle seating positions)

<input checked="" type="checkbox"/> [21]	<input type="checkbox"/> [12]	<input type="checkbox"/> [13]
<input type="checkbox"/> [31]	<input type="checkbox"/> [22]	<input checked="" type="checkbox"/> [23]
<input type="checkbox"/> [32]	<input type="checkbox"/> [33]	

☐ Other (specify:)

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'2 Weight 170 Age 37Sex: ☐ Male ☒ Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she was) were sitting in your vehicle?

NORMAL UPRIGHT

5a. Can you describe the location of your (his/her) feet just prior to the collision?

(R) ON ACCELERATOR

5b. Can you describe the location of your (his/her) arms?

BOTH ON WHEEL

5c. Was your (his/her) back resting against the seat back rest?

☐ No (If "No", describe the position)☒ Yes☐ Unknown

5d. Were you (Was he/she)

☒ Sitting upright or☐ Leaning to left side, or☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☒ No (If "No", go to question 7)☐ Yes (If "Yes", go to question 6a)☐ Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?

☐ No☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ No (If "No", go to question 8)☒ Yes☐ Unknown

7a. Were you (Was he/she) wearing the

☐ Lap belt?☒ Lap and Shoulder belt?☐ Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ Across the stomach☒ Low on lap☐ Other (specify:)☐ Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☒ Over the shoulder☐ Under the arm☐ Behind the back☐ Behind the seat☐ Other (specify:)

7d. Did any part of the belt system break or tear?

☒ No☐ Yes (If "Yes", describe)☐ Unknown

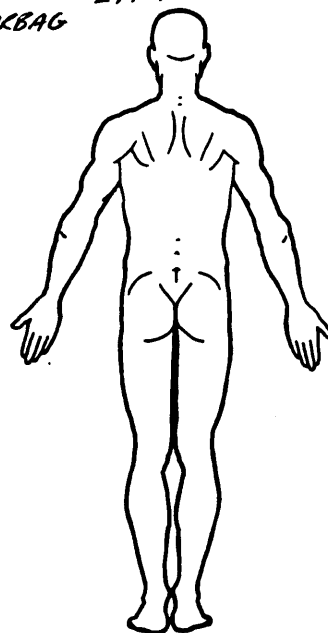
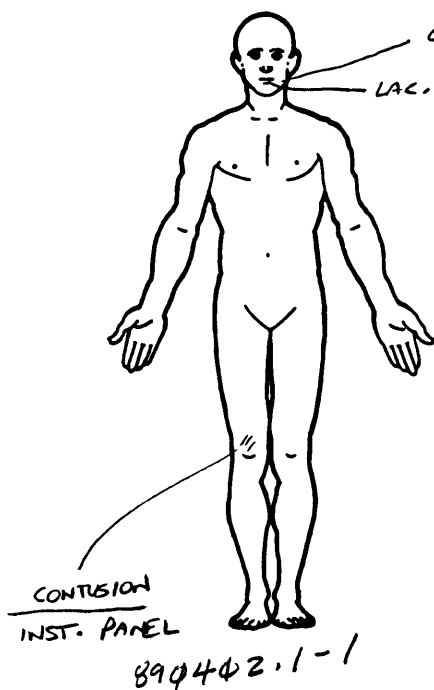
OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

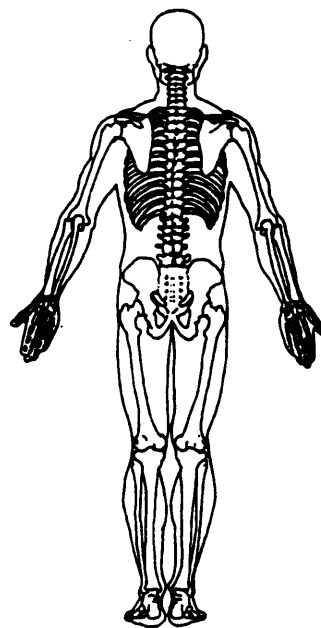
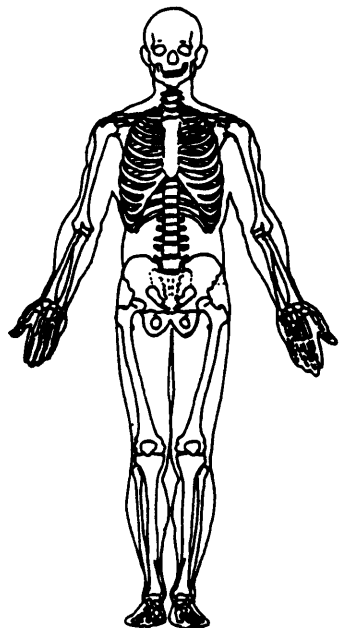
☒ No☐ Yes (If "Yes", describe)☐ Unknown

PSU Number _____ Case Number—Stratum S P 22 Vehicle Number 41 Occupant Number 41

INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVERSOFT TISSUE/INTERNAL INJURIES 29442.1-B

SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

National Accident Sampling System-Crashworthiness Data System: Interview Form

Page 7

1. Primary Sampling Unit Number _____

3. Vehicle Number 412. Case Number - Stratum SP224. Occupant Number 41

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

- ☐ No (If "No", go to next occupant. Stop if no other occupant.)
☐ Yes (If "Yes", complete Occupant Injury Questions)
☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

- ☐ No (go to question 3)
☐ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown

3. Did you (he/she) experience any broken bones?

- ☐ No (If "No", go to question 4)
☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
☐ Unknown

3a. Do you know what caused the injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
☐ Unknown

4. Did you (he/she) injure your (his/her) head?

- ☐ No (If "No", go to question 5)
☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
☐ Unknown

4a. Do you know what caused the injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown

5. Were any of your (his/her) internal organs injured?

- ☐ No (If "No", go to question 6)
☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
☐ Unknown

5a. Do you know what caused this injury?

- ☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

- ☐ No (If "No", go to question 7)
☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
☐ Unknown

6a. Do you know what caused the injury(s)?

- ☐ No
☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
☐ Unknown

7. Did you (he/she) receive treatment for your (his/her) injury(s)?

- ☐ No (If "No", go to question 8)
☐ Yes (If "Yes", go to question 7a)

7a. Were you (Was he/she) treated by:

- ☐ Hospital/trauma center? (specify hospital name): _____
☐ Medical clinic
☐ Out patient surgery? (specify medical facility): _____
☐ Paramedics or first aid at the scene?
☐ A doctor in his/her office?
☐ Treated at home?
☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

- ☐ No (If "No", go to question 7c.)
☐ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

- ☐ No (If "No", give an explanation)
☐ Yes (If "Yes", go to question 7d.)
- _____
- _____

7d. How many days were you (was he/she) in the hospital?
_____ days

1. Primary Sampling Unit Number

3. Vehicle Number

41

2. Case Number - Stratum

SP22

4. Occupant Number

41

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☒ No☐ Yes (If "Yes", describe:)☐ Unknown

8. Have you (he/she) lost any days from work or school (college)?

☐ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☐ Not working prior to the accident☒ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

National Accident Sampling System-Crashworthiness Data System: Interview Form

1. Primary Sampling Unit Number _____ 3. Vehicle Number 01
 2. Case Number - Stratum SP22 4. Occupant Number 02

OCCUPANT DATA QUESTIONS SUPPLEMENT

1. Who was the next occupant in your vehicle at the time of the accident?

DAUGHTER

2. Occupant Number 2 of 3.

3. Where were you (was this person) sitting? (Circle seating positions)

[21] [12] [13]
 [24] [22] [23]
 [31] [32] [33]
☐ Other (specify:)

5d. Were you (Was he/she)

☒ Sitting upright or
☐ Leaning to left side, or
☐ Leaning to right side?

OCCUPANT EJECTION

6. Were you (Was he/she) or any part of your (his/her) body thrown from the vehicle during the accident?

☒ No (If "No", go to question 7)
☐ Yes (If "Yes", go to question 6a)
☐ Unknown

6a. Can you remember what part of the vehicle you were (he/she was) thrown out?

☐ No
☐ Yes (Describe:)

OCCUPANT RESTRAINT

7. Were you (Was he/she) wearing a seat belt just before the accident?

☐ No (If "No", go to question 8)
☒ Yes
☐ Unknown

7a. Were you (Was he/she) wearing the

☐ Lap belt?
☒ Lap and Shoulder belt?
☐ Shoulder belt?

7b. Can you describe how you were (he/she was) wearing the lap belt?

☐ Across the stomach
☒ Low on lap
☐ Other (specify:)
☐ Unknown

7c. Can you describe how you were (he/she was) wearing the shoulder belt?

☒ Over the shoulder
☐ Under the arm
☐ Behind the back
☐ Behind the seat
☐ Other (specify:)

7d. Did any part of the belt system break or tear?

☒ No
☐ Yes (If "Yes", describe)
☐ Unknown

OCCUPANT ENTRAPMENT

8. Were you (Was he/she) trapped in the vehicle?

☒ No
☐ Yes (If "Yes", describe)
☐ Unknown

OCCUPANT CHARACTERISTICS

4. Can I have your (his/her) height, weight, age, and sex?

Height 5'2 1/2 Weight 51 Age 7 1/2

Sex: ☐ Male ☒ Female

OCCUPANT POSTURE

5. Can you tell me how you (he/she) was sitting in the vehicle?

NORMAL UPRIGHT

5a. Can you describe the location of your (his/her) feet just prior to the collision?

UNK.

5b. Can you describe the location of your (his/her) arms?

UNK.

5c. Was your (his/her) back resting against the seat back rest?
☐ No (If "No", describe the position)

☐ Yes
☒ Unknown

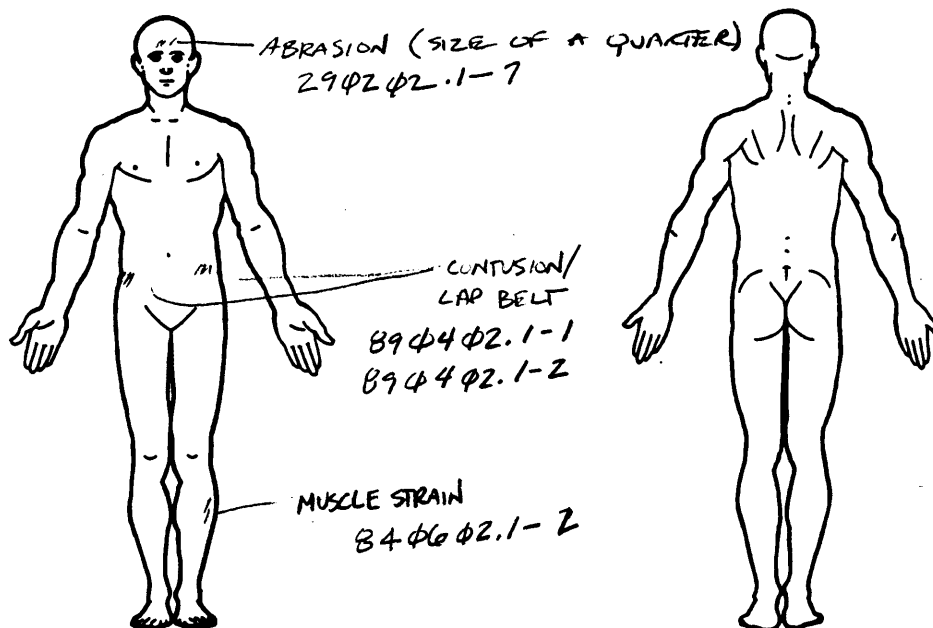
PSU Number _____

Case Number—Stratum SP22Vehicle Number 41Occupant Number 02

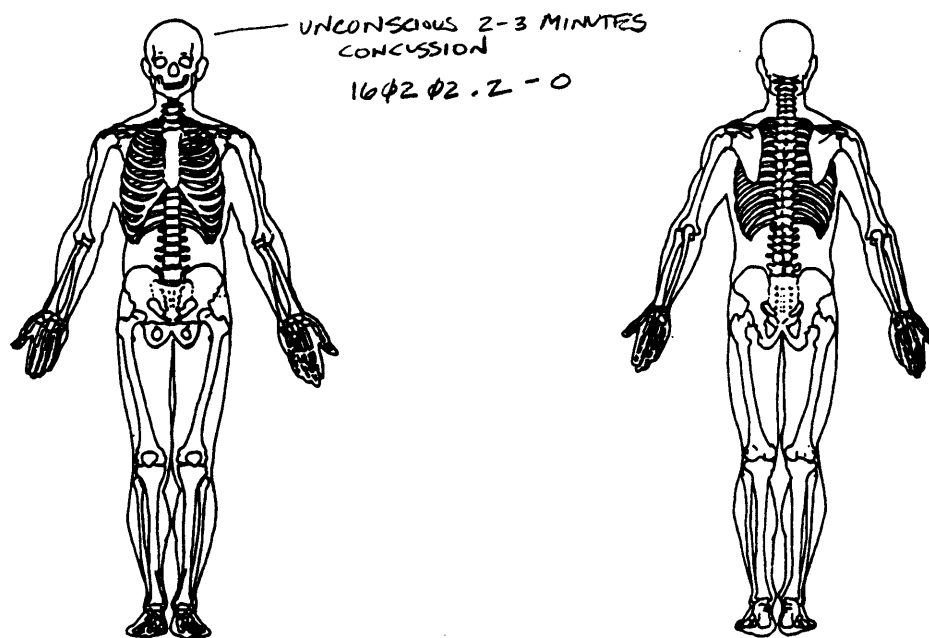
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to document injuries noted by the interviewee(s).

1. Primary Sampling Unit Number _____

3. Vehicle Number _____

2. Case Number - Stratum _____

4. Occupant Number _____

OCCUPANT INJURY DATA QUESTIONS

1. Were you (Was he/she) injured?

- ☐ No (If "No", go to next occupant. Stop if no other occupant.)
- ☐ Yes (If "Yes", complete Occupant Injury Questions)
- ☐ Unknown

2. Did you (he/she) receive any cuts, abrasions, or bruises?

- ☐ No (go to question 3)
- ☐ Yes (If "Yes", record the exact location(s) and size on the manikin(s).)
- ☐ Unknown

2a. Do you know what caused your (his/her) injury(s)?

- ☐ No
- ☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
- ☐ Unknown

3. Did you (he/she) experience any broken bones?

- ☐ No (If "No", go to question 4)
- ☐ Yes (If "Yes", record the exact location(s) and type of fracture(s) on the manikin(s), and then go to question 3a.)
- ☐ Unknown

3a. Do you know what caused the injury(s)?

- ☐ No
- ☐ Yes (If "Yes", specify the component(s) or object(s) on the manikin(s).)
- ☐ Unknown

4. Did you (he/she) injure your (his/her) head?

- ☐ No (If "No", go to question 5)
- ☐ Yes (If "Yes", describe the type of injury(s) on the manikin(s), then go to question 4a.)
- ☐ Unknown

4a. Do you know what caused the injury(s)?

- ☐ No
- ☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
- ☐ Unknown

5. Were any of your (his/her) internal organs injured?

- ☐ No (If "No", go to question 6)
- ☐ Yes (If "Yes", thoroughly describe the type of injury(s) and specify the internal organ(s) injured on the manikin(s), and then go to question 5a.)
- ☐ Unknown

5a. Do you know what caused this injury?

- ☐ No
- ☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
- ☐ Unknown

6. Did you (he/she) suffer any joint sprains or muscle strains?

- ☐ No (If "No", go to question 7)
- ☐ Yes (If "Yes", specify on the manikin(s), and then go to question 6a.)
- ☐ Unknown

6a. Do you know what caused the injury(s)?

- ☐ No
- ☐ Yes (If "Yes", specify the component(s) on the manikin(s).)
- ☐ Unknown

7. Did you (he/she) receive treatment for your (his/her) injury(s)?

- ☐ No (If "No", go to question 8)
- ☐ Yes (If "Yes", go to question 7a)

7a. Were you (Was he/she) treated by:

- ☐ Hospital/trauma center? (specify hospital name): _____
- ☐ Medical clinic _____
- ☐ Out patient surgery? (specify medical facility): _____
- ☐ Paramedics or first aid at the scene?
- ☐ A doctor in his/her office?
- ☐ Treated at home?
- ☐ None of the above, go to question 8.

7b. Were you (Was he/she) treated and released from the emergency room?

- ☐ No (If "No", go to question 7c.)
- ☐ Yes (If "Yes", go to question 7e.)

7c. Were you (Was he/she) hospitalized?

- ☐ No (If "No", give an explanation)
- ☐ Yes (If "Yes", go to question 7d.)

7d. How many days were you (was he/she) in the hospital?
_____ days

1. Primary Sampling Unit Number _____

3. Vehicle Number _____

2. Case Number - Stratum _____

4. Occupant Number _____

OCCUPANT INJURY DATA QUESTIONS (CONTINUED)

7e. Have you (Has he/she) received any follow-up treatment?

☐ No☐ Yes (If "Yes", describe:)☐ Unknown

7f. In order to achieve the best possible scientific data regarding your (his/her) injury(s), we need to obtain a copy of your (his/her) medical reports. Would you (he/she) sign a medical release form?

☐ No☐ Yes (If "Yes", mail or present the form for signature.)

8. Have you (he/she) lost any days from work or school (college)?

☐ No☐ Yes (If "Yes", determine the number of days lost) (Specify:)☐ Not working prior to the accident☐ Unknown



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number	
2. Case Number - Stratum	<u>5 P 22</u>
3. Vehicle Number	<u>41</u>
4. Occupant Number	<u>41</u>
OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age	<u>37</u>
Code actual age at time of accident. (00) Less than one year old (specify by month): (97) 97 years and older (99) Unknown	
6. Occupant's Sex	<u>2</u>
(1) Male (2) Female (9) Unknown	
7. Occupant's Height	<u>157</u>
Code actual height to the nearest centimeter. (999) Unknown <u>62</u> inches X 2.54 = <u>157</u> centimeters	
8. Occupant's Weight	<u>170</u>
Code actual weight to the nearest kilogram. (999) Unknown <u>170</u> pounds X .4536 = <u>77</u> kilograms	
9. Occupant's Role	<u>1</u>
(1) Driver (2) Passenger (9) Unknown	
10. Occupant's Seat Position	<u>11</u>
<i>Front Seat</i> (11) Left side (12) Middle (13) Right side (14) Other (specify): (15) On or in the lap of another occupant <i>Second Seat</i> (21) Left side (22) Middle (23) Right side (24) Other (specify): (25) On or in the lap of another occupant <i>Third Seat</i> (31) Left side (32) Middle (33) Right side (34) Other (specify): (35) On or in the lap of another occupant <i>Fourth Seat</i> (41) Left side (42) Middle (43) Right side (44) Other (specify): (45) On or in the lap of another occupant (97) In or on unenclosed area (98) Other seat (specify): (99) Unknown	
11. Occupant's Posture	<u>0</u>
(0) Normal posture <i>Abnormal posture</i> (1) Kneeling or standing on seat (2) Lying on or across seat (3) Kneeling, standing or sitting in front of seat (4) Sitting sideways or turned to talk with another occupant or to look out a rear window (5) Sitting on a console (6) Lying back in a reclined seat position (7) Bracing with feet or hands on a surface in front of seat (8) Other abnormal posture (specify): (9) Unknown	

EJECTION/ENTRAPMENT

12. Ejection 4

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 4

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 4

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 4

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used—type unknown

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat—type unknown

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

(3) Shoulder belt worn under arm

(4) Shoulder belt worn behind back or seat

(5) Belt worn around more than one person

(6) Lap belt worn on abdomen

(7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Air Bag System Availability/Function 1

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

22. Air Bag System Deployment 1

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 1

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown

(9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

*CAPTAIN'S
CHAIR*

27. Seat Performance (this Occupant Position)

6

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

BASE DEFORMED

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 4 4 4
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 4
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 4 4
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 4 4

32. Child Safety Seat Shield Usage 4 4

33. Child Safety Seat Tether Usage 4 4

Note: Options below applicable to
 Variables OA31-OA33.
 (00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 44

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
 - (99) Unknown

38. Working Days Lost 99

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
 - (61) 61 days or more
 - (62) Fatally injured
 - (97) Not working prior to accident
 - (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 44

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
 - (96) Fatal - ruled disease
 - (99) Unknown

40. 1st Medically Reported Cause of Death 4441. 2nd Medically Reported Cause of Death 4442. 3rd Medically Reported Cause of Death 44

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
 - (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

- (97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 43

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
 - (97) Injured, details unknown
 - (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function 4

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 4

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 4

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 4

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat
- Automatic Belt Used Improperly*
- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____
- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 4

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____
- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score 0 2
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 4

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 0 1

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE COPY
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

3. Vehicle Number

2. Case Number - Stratum

4. Occupant Number

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>44</u>	9. <u>42</u>	10. <u>1</u>	11. <u>8</u>	12. <u>45</u>	13. <u>2</u>	14. <u>1</u>	15. <u>44</u>
2nd	16. <u>7</u>	17. <u>2</u>	18. <u>9</u>	19. <u>46</u>	20. <u>44</u>	21. <u>1</u>	22. <u>8</u>	23. <u>45</u>	24. <u>2</u>	25. <u>1</u>	26. <u>44</u>
3rd	27. <u>7</u>	28. <u>8</u>	29. <u>9</u>	30. <u>44</u>	31. <u>42</u>	32. <u>1</u>	33. <u>1</u>	34. <u>49</u>	35. <u>2</u>	36. <u>1</u>	37. <u>44</u>
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

ICD-9

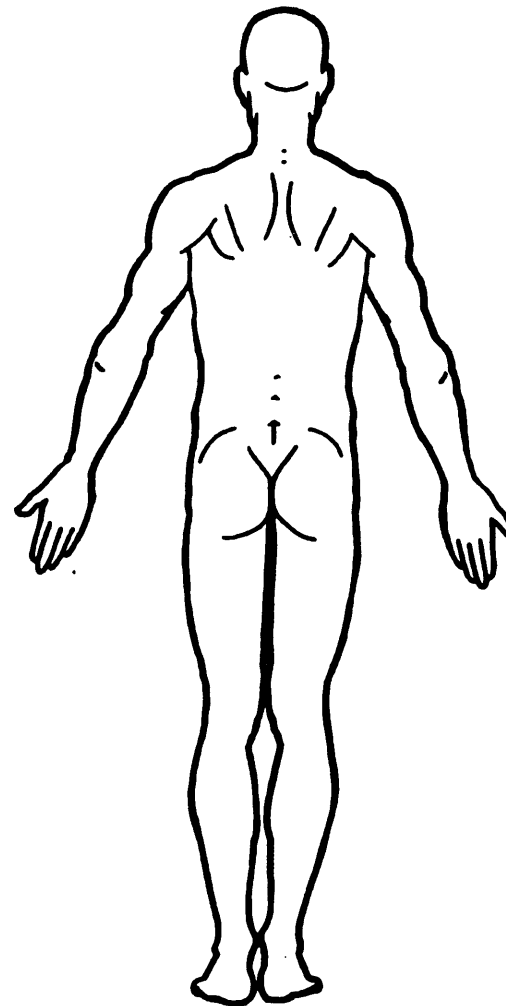
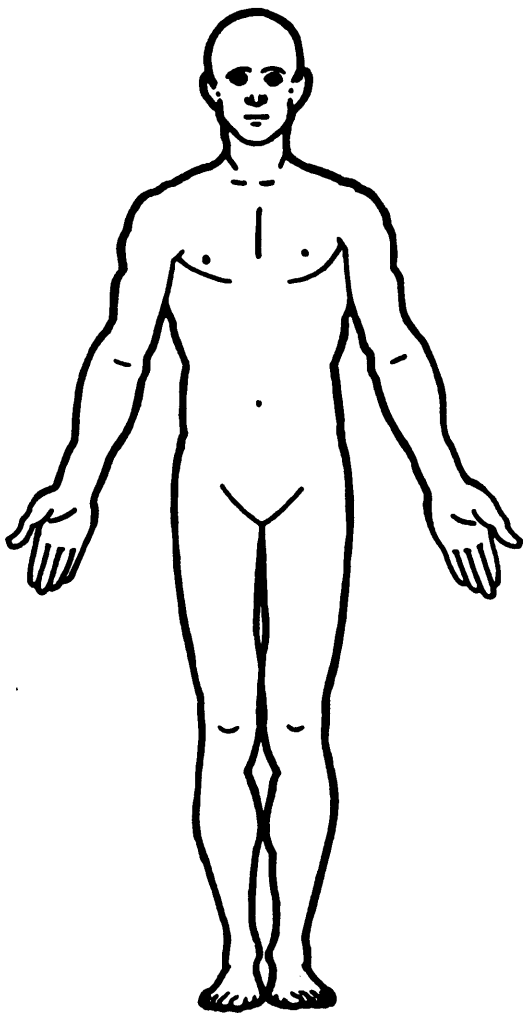
920

873.43

924.11

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

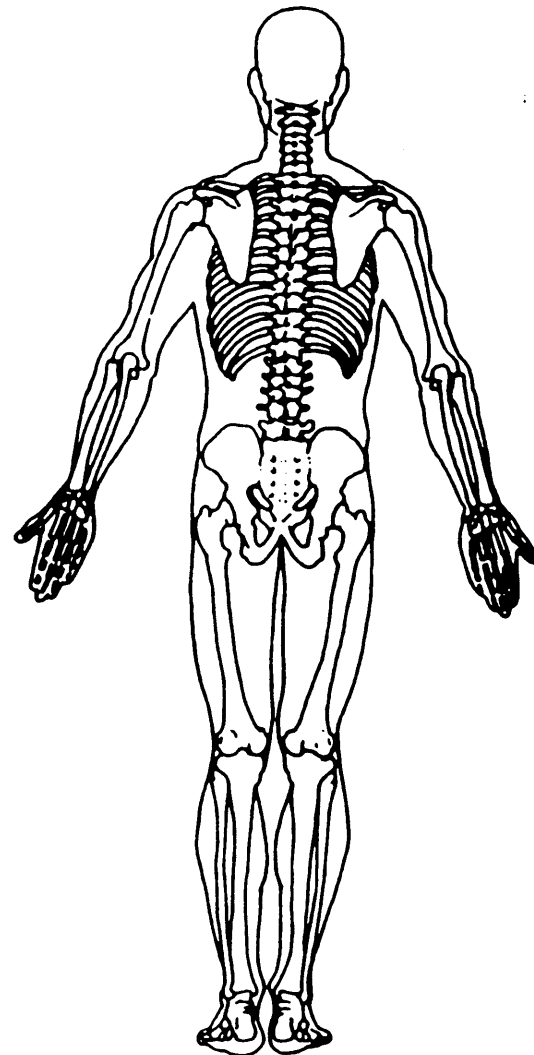
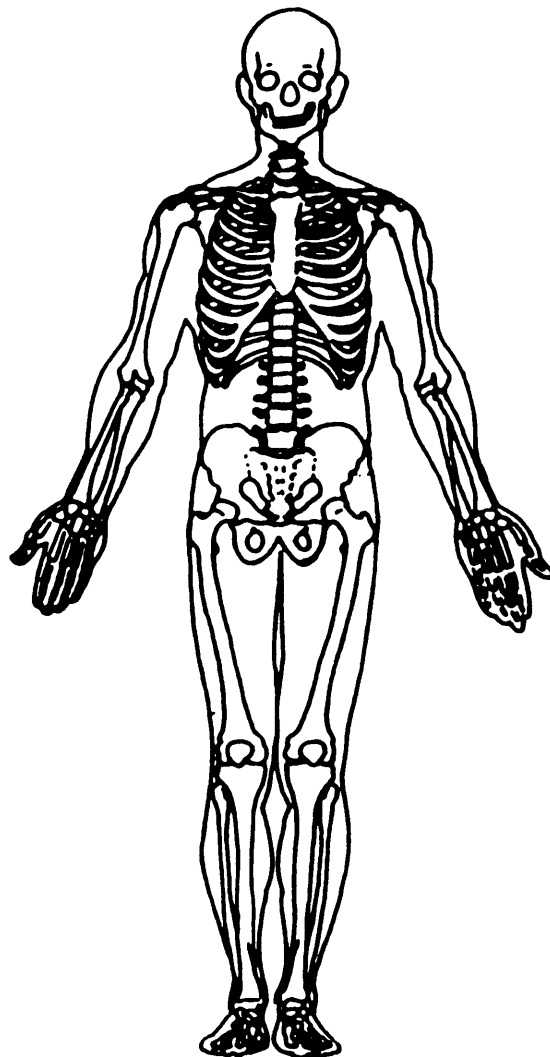
pH = ____

PO₂ = ____

PCO₂ ____

HCO₃ ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

53 inches X 2.54 = 135 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

451 pounds X .4536 = 423 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 4

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 4

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 4

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 4

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 4 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat _____

(13) Lap belt used with child safety seat _____

(14) Lap and shoulder belt used with child safety seat _____

(15) Belt used with child safety seat—type unknown _____

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 4

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 4

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 3

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____
- (8) Restrained, type unknown
- (9) Police indicated "unknown"

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify):

(9) Unknown

26. Seat Type (this Occupant Position)

01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position)

0

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ
 (000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ

32. Child Safety Seat Shield Usage φ φ

33. Child Safety Seat Tether Usage φ φ

Note: Options below applicable to
 Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
 harness/shield/tether added

(09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

(9) Unknown

36. Type Of Medical Facility (for Initial Treatment) _____

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital Stay 01

(00) Not Hospitalized

Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 00 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown -

40. 1st Medically Reported Cause of Death 00 0041. 2nd Medically Reported Cause of Death 00 0042. 3rd Medically Reported Cause of Death 00 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 00 05

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ Function 4

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 4

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 4

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 4

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 4

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score 9 7
(at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 9 7

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [☒] YES []

UPDATE CANDIDATE?

NO [☒] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

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CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

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4. Occupant Number

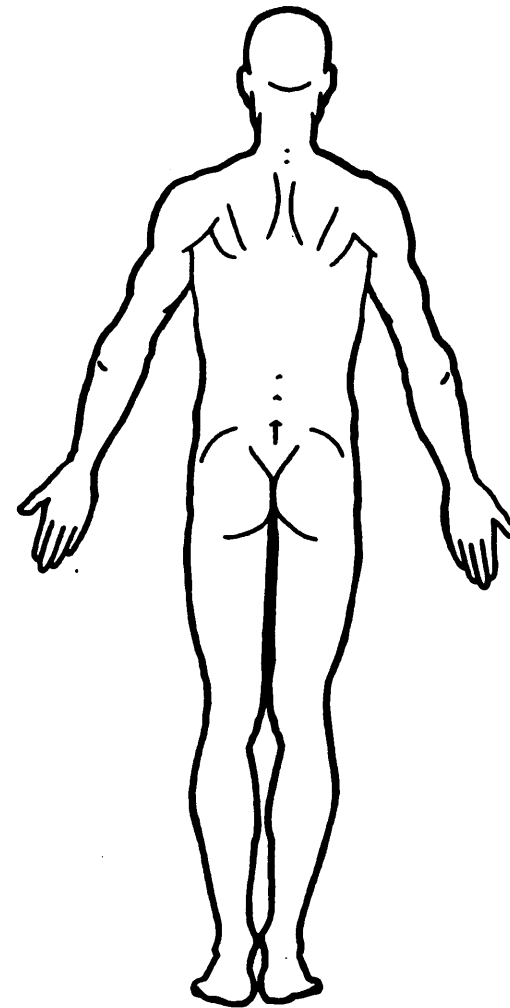
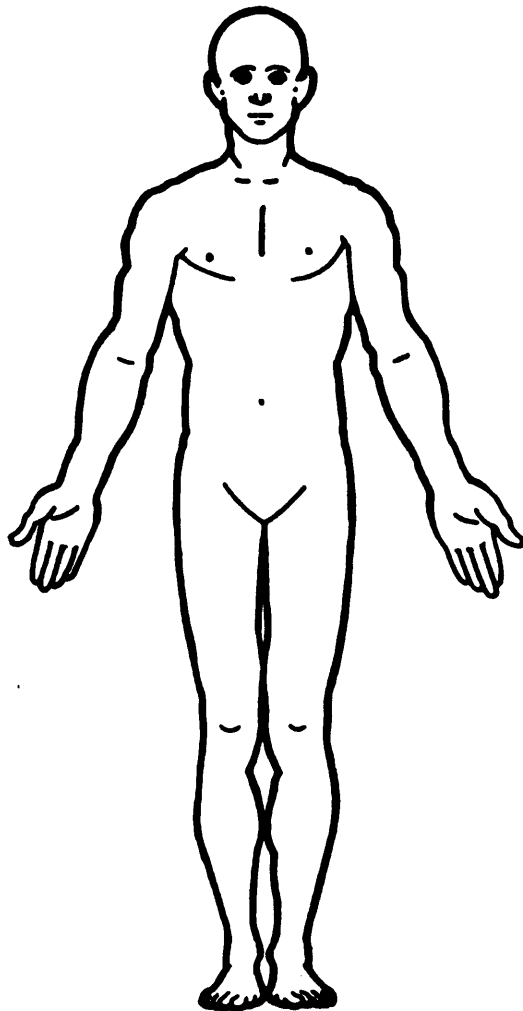
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
1st	5. <u>7</u>	6. <u>1</u>	7. <u>6</u>	8. <u>42</u>	9. <u>42</u>	10. <u>2</u>	11. <u>4</u>	12. <u>99</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>	ICD-9
2nd	16. <u>7</u>	17. <u>2</u>	18. <u>9</u>	19. <u>42</u>	20. <u>42</u>	21. <u>1</u>	22. <u>7</u>	23. <u>99</u>	24. <u>9</u>	25. <u>7</u>	26. <u>99</u>	850.1
3rd	27. <u>7</u>	28. <u>8</u>	29. <u>9</u>	30. <u>44</u>	31. <u>42</u>	32. <u>1</u>	33. <u>2</u>	34. <u>41</u>	35. <u>1</u>	36. <u>1</u>	37. <u>40</u>	910
4th	38. <u>7</u>	39. <u>8</u>	40. <u>9</u>	41. <u>44</u>	42. <u>42</u>	43. <u>1</u>	44. <u>1</u>	45. <u>41</u>	46. <u>1</u>	47. <u>1</u>	48. <u>40</u>	924.01
5th	49. <u>7</u>	50. <u>8</u>	51. <u>4</u>	52. <u>46</u>	53. <u>42</u>	54. <u>1</u>	55. <u>2</u>	56. <u>99</u>	57. <u>9</u>	58. <u>7</u>	59. <u>44</u>	844.9
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>	
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>	
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>	
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>	
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

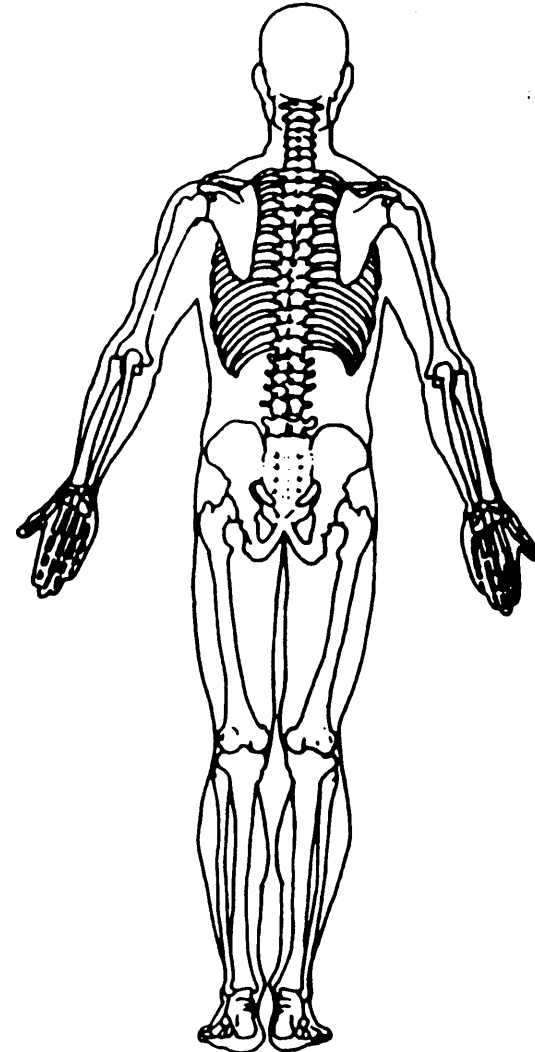
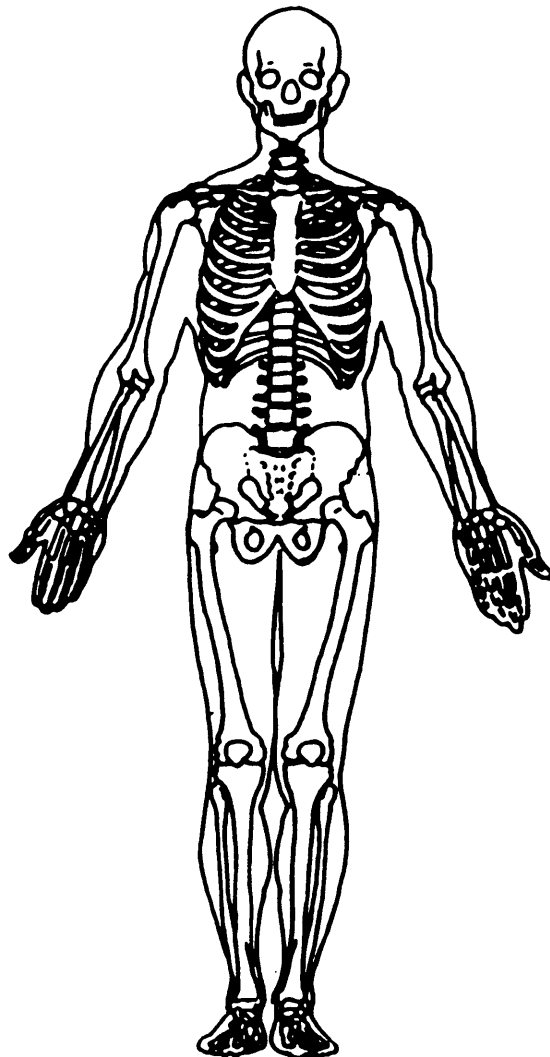
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

___ inches X 2.54 = ___ centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

___ pounds X .4536 = ___ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 4

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 4

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 4

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 4

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 4

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 1 4

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

(02) Shoulder belt _____

(03) Lap belt _____

(04) Lap and shoulder belt _____

(05) Belt used—type unknown _____

(08) Other belt used (specify): _____

(12) Shoulder belt used with child safety seat —

(13) Lap belt used with child safety seat —

(14) Lap and shoulder belt used with child safety seat —

(15) Belt used with child safety seat—type unknown —

(18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

19. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 1

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function 4

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment 4

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 4

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for information on Automatic Belts

24. Police Reported Restraint Use 3

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (this Occupant Position)

41

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____

(10) Box mounted seat (i.e., van type)

(99) Unknown

27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 2 2 6
 (000) No child safety seat
 Applicable codes found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 2
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 1 2
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

 (99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 1 9

32. Child Safety Seat Shield Usage 1 7

33. Child Safety Seat Tether Usage 1 9

Note: Options below applicable to
 Variables OA31-OA33.
 (00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES

34. Injury Severity (Police Rating)

2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality

4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment)

1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay

44

- (00) Not Hospitalized
- _____ Code the number of days (up through 60)
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost

97

- _____ Code the number of days
(up through 60) that the occupant
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE
COMPLETED BY THE ZONE CENTER**

39. Time to Death

44

- _____ Code number of hours from time of
accident to time of death up through 24
hours. If time of death is greater than 24
hours, code number of days. (Note: 1 day =
31, 2 days = 32, ... n days = 30 + n up
through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death

44

41. 2nd Medically Reported Cause of Death

44

42. 3rd Medically Reported Cause of Death

44

- _____ Code the Occupant Injury from line
number(s) for the medically reported
injury(s) which reportedly contributed to
this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific
injuries are not linked to cause
of death. (specify):

- (97) Other result (includes fatal ruled
disease) (specify):

- (99) Unknown

43. Number of Recorded Injuries for
This Occupant41

- _____ Code the actual number of
injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM44. Automatic (Passive) Belt System Availability/ 4 Function

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 4

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____

- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 4

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 4

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes 4 During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____

- (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER**TRAUMA DATA**50. Glasgow Coma Scale (GCS) Score 9 7 (at Medical Facility)

- (00) Not injured
- (01) Injured - not treated at medical facility
- (02) No GCS Score at medical facility
- (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
- (97) Injured, details unknown
- (99) Unknown if injured

51. Was the Occupant Given Blood? 1

- (1) No - blood not given
- (2) Yes - blood given (specify units): _____
- (9) Unknown if blood given

52. Arterial Blood Gases (ABG) - HCO₃ 9 7

- (00) Not injured
- (01) Injured, ABGs not measured or reported
- (02-50) Code the actual value of the HCO₃
- (96) ABGs reported, HCO₃ unknown
- (97) Injured, details unknown
- (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [X] YES []

UPDATE CANDIDATE?

NO [X] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE COPY
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____	3. Vehicle Number <u>41</u>
2. Case Number - Stratum <u>SP 22</u>	4. Occupant Number <u>43</u>

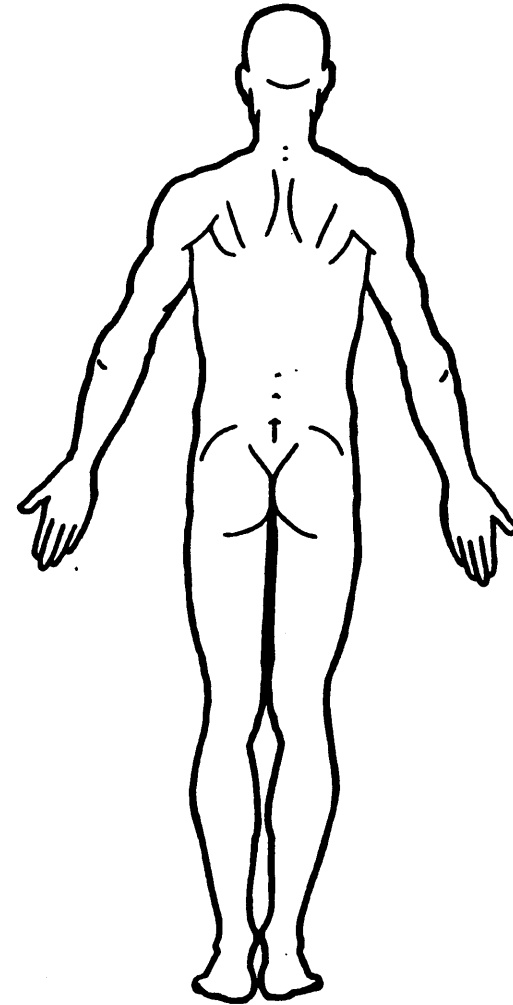
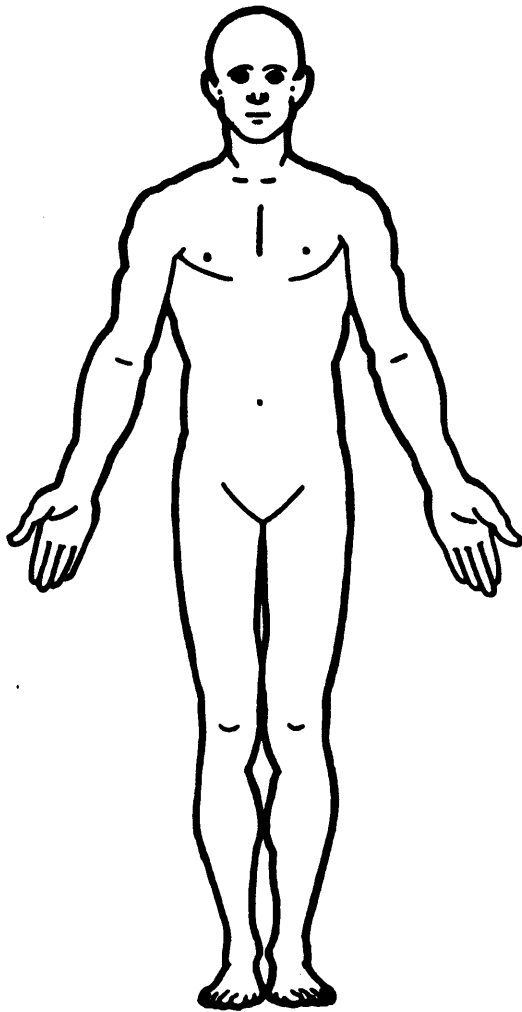
INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Source of Injury Data	O.I.C.-A.I.S.						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
1st	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>44</u>	9. <u>42</u>	10. <u>1</u>	11. <u>2</u>	12. <u>99</u>	13. <u>9</u>	14. <u>7</u>	15. <u>44</u>	ICD-9 <u>920</u>
2nd	16. _____	17. _____	18. _____	19. _____	20. _____	21. _____	22. _____	23. _____	24. _____	25. _____	26. _____	
3rd	27. _____	28. _____	29. _____	30. _____	31. _____	32. _____	33. _____	34. _____	35. _____	36. _____	37. _____	
4th	38. _____	39. _____	40. _____	41. _____	42. _____	43. _____	44. _____	45. _____	46. _____	47. _____	48. _____	
5th	49. _____	50. _____	51. _____	52. _____	53. _____	54. _____	55. _____	56. _____	57. _____	58. _____	59. _____	
6th	60. _____	61. _____	62. _____	63. _____	64. _____	65. _____	66. _____	67. _____	68. _____	69. _____	70. _____	
7th	71. _____	72. _____	73. _____	74. _____	75. _____	76. _____	77. _____	78. _____	79. _____	80. _____	81. _____	
8th	82. _____	83. _____	84. _____	85. _____	86. _____	87. _____	88. _____	89. _____	90. _____	91. _____	92. _____	
9th	93. _____	94. _____	95. _____	96. _____	97. _____	98. _____	99. _____	100. _____	101. _____	102. _____	103. _____	
10th	104. _____	105. _____	106. _____	107. _____	108. _____	109. _____	110. _____	111. _____	112. _____	113. _____	114. _____	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

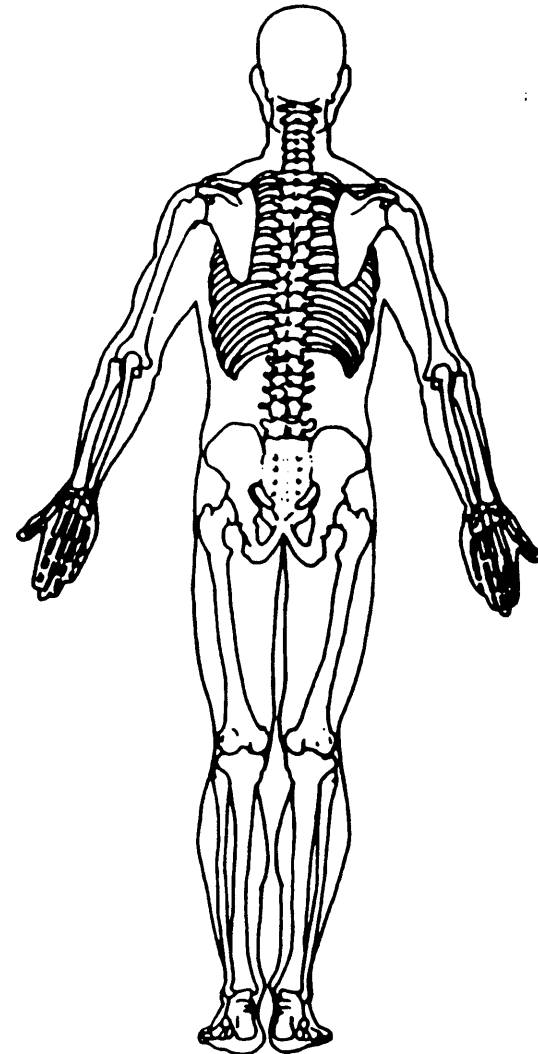
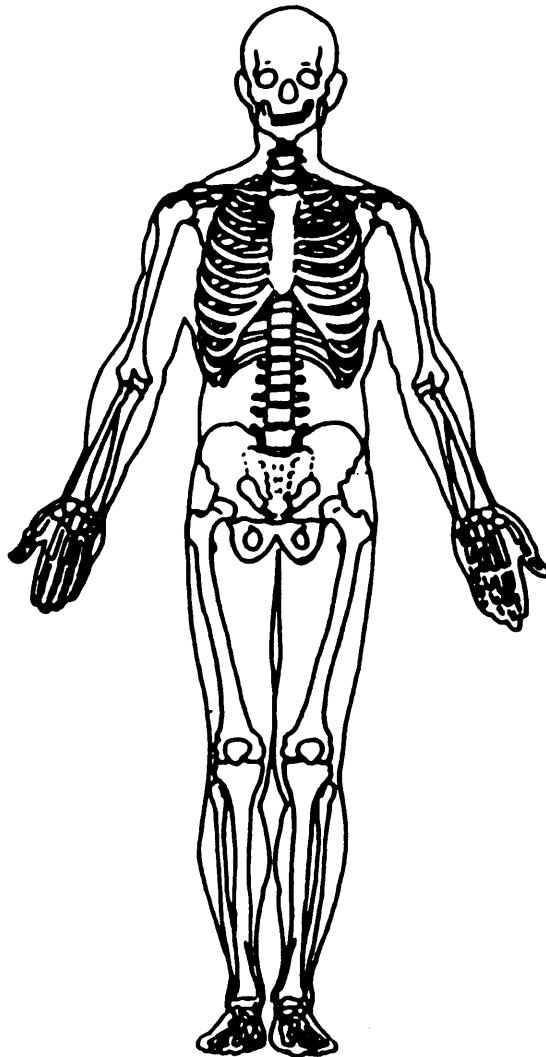
pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





GENERAL VEHICLE FORM

BEST AVAILABLE COPY
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

VEHICLE IDENTIFICATION

4. Vehicle Model Year 84
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): 42
MERCEDES-BENZ
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 031
300D
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

7. Body Type 09
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

9999999999

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed 999

Code to the nearest kph (NOTE: 000 means
less than 0.5 kph)
(160) 159.5 kph and above
(999) Unknown

____ mph X 1.6093 = ____ kph

11. Police Reported Alcohol Presence 0

- (0) No alcohol present
- (1) Yes (alcohol present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

Note: See variables 37 through 55
(Page 4) for information on Other Drugs

12. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: PAR

ACCIDENT RELATED

13. Speed Limit 489
(000) No statutory limit
Code posted or statutory speed limit
in kph
(999) Unknown

55 mph X 1.6093 = 89 kph

14. Attempted Avoidance Maneuver 09
(00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type 88
Applicable codes may be found on the
back of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** SKIP TO VARIABLE GV37 IF GV07 DOES NOT EQUAL 01-49 ****

OCCUPANT RELATED

16. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
17. Number of Occupants This Vehicle 41
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
18. Number of Occupant Forms Submitted 41

24. Rollover 4
 (0) No rollover (no overturning)
- Rollover (primarily about the longitudinal axis)*
 (1) Rollover, 1 quarter turn only
 (2) Rollover, 2 quarter turns
 (3) Rollover, 3 quarter turns
 (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (9) Rollover (overturn), details unknown

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight 1,590
 _____ Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
3,437 lbs X .4536 = 1,565 kgs
 Source: _____
20. Vehicle Cargo Weight 9990
 _____ Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown
 _____ lbs X .4536 = _____ kgs

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this Vehicle) 4
26. Rear Override/Underride (this Vehicle) 4
 (0) No override/underride, or not an end-to-end impact
- Override (see specific CDC)*
 (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify):

- Underride (see specific CDC)*
 (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override
 (9) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit 4
 (0) No towed unit
 (1) Yes--towed trailing unit
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 4
 (0) No
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 4
 (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted < 45 degrees
 (4) Tilted ≥ 45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify):

 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

27. Heading Angle For This Vehicle 135
28. Heading Angle For Other Vehicle 494

29. Basis for Total Delta V (highest) 3*Delta V Calculated*

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction technique, regardless of adequacy of damage data.
- (6) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

35.1 Nearest kph0 3 5

(NOTE: 000 means less than
0.5 kph)
(160) 159.5 kph and above
(999) Unknown

31. Longitudinal Component of
Delta V35.1 Nearest kph0 4 3 5

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

Secondary Highest

32. Lateral Component of Delta V 0 4 4 33.0 Nearest kph

(NOTE: 000 means greater than
-0.5 kph and less than +0.5 kph)
(±160) ±159.5 kph and above
(999) Unknown

33. Energy Absorption

1 2 7 7 0 012770.4 Nearest 100 joules

(NOTE: 0000 means less than 50 joules)
(9997) 999,650 joules or more
(9999) Unknown

34. Confidence In Reconstruction Program
Results (For Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model — results appear reasonable
- (2) Collision fits model — results appear high
- (3) Collision fits model — results appear low
- (4) Borderline reconstruction — results appear reasonable

4

35. Type of Vehicle Inspection

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

0

36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes - researcher determined
- (2) VIN determined air bag system
- (3) VIN determined automatic (passive) belts
- (4) VIN determined air bag and automatic (passive) belts

0IS OLDMISS APPLICABLE FOR THIS VEHICLE? [☒] YES [] NOIF YES: IS A COMPLETED OLDMISS PROGRAM SUMMARY INCLUDED? [☒] YES [] NO

37. Police Reported Other Drug Presence 4

- (0) No other drugs present
- (1) Yes (other drug present)
- (7) Not reported
- (8) No driver present
- (9) Unknown

38. Police Reported Drug Evaluation Classification (DEC) Test For Driver 4

- (0) No DEC process available or given
- (1) DEC process given, results known
- (2) DEC process given, results unknown
- (3) DEC process available, unknown if given
- (8) No driver present

39. Other Drug Specimen Test Type For Driver 4

- (0) No specimen test given
- (1) Blood test
- (2) Urine test
- (3) Other specimen tests (specify): _____
- (7) Unspecified specimen test
- (8) No driver present
- (9) Unknown if specimen test given

**DRUG EVALUATION CLASSIFICATION
OTHER DRUGS TEST RESULTS FOR DRIVER**

	DEC Test Results	Specimen Test Results
Narcotic Drug	40. <u>4</u>	41. <u>4</u>
Depressant Drug	42. <u>4</u>	43. <u>4</u>
Stimulant Drug	44. <u>4</u>	45. <u>4</u>
Hallucinogen Drug	46. <u>4</u>	47. <u>4</u>
Cannabinoid Drug	48. <u>4</u>	49. <u>4</u>
Phencyclidine (PCP)	50. <u>4</u>	51. <u>4</u>
Inhalant Drug	52. <u>4</u>	53. <u>4</u>
Other Drug (Excluding Nicotine, Aspirin, Alcohol, Drugs Administered Post-Crash)	54. <u>4</u>	55. <u>4</u>

Codes For DEC Test Results

- (0) No DEC test given
- (1) Passed DEC test
- (2) Failed DEC test
- (3) DEC test given—results unknown
- (8) No driver present
- (9) Unknown if DEC test given

Codes for Specimen Test Results

- (0) No specimen test given
- (1) Drug not found in specimen
- (2) Drug found in specimen
- (7) Specimen test given, results unknown or not obtained
- (8) No driver present
- (9) Unknown if specimen test given

OTHER DATA56. Driver's Zip Code 9

- (00000) Driver not present
 (00001) Driver not a resident of U.S. or territories
 Code actual 5-digit zip code
 (99999) Unknown

57. Driver's Race/Ethnic Origin 9

- (0) Driver not present
 (1) White (non-Hispanic)
 (2) Black (non-Hispanic)
 (3) White (Hispanic)
 (4) Black (Hispanic)
 (5) American Indian, Eskimo or Aleut
 (6) Asian or Pacific Islander
 (8) Other (specify): _____
 (9) Unknown

58. Vehicle Special Use (This Trip) 4

- (0) No special use
 (1) Taxi
 (2) Vehicle used as school bus
 (3) Vehicle used as other bus
 (4) Military
 (5) Police
 (6) Ambulance
 (7) Fire truck or car
 (8) Other (specify): _____
 (9) Unknown

ROLLOVER DATA

If GV07 (Body Type) \neq 1-49, leave GV59-GV63 blank.
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.
 If GV24 = 9, then GV59-GV63 must equal 9.

59. Rollover Initiation Type 4

- (0) No rollover
 (1) Trip-over
 (2) Flip-over
 (3) Turn-over
 (4) Climb-over
 (5) Fall-over
 (6) Bounce-over
 (7) Collision with another vehicle
 (8) Other rollover initiation type specify): _____
 (9) Unknown rollover initiation type

60. Location of Rollover Initiation 4

- (0) No rollover
 (1) On roadway
 (2) On shoulder—paved
 (3) On shoulder—unpaved
 (4) On roadside or divided trafficway median
 (9) Unknown

61. Rollover Initiation Object Contacted 4 462. Location on Vehicle Where Initial Principal Tripping Force Is Applied 4

- (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (8) Non-contact rollover forces (specify): _____
 (9) Unknown

63. Direction of Initial Roll 4

- (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (5) End-over-end (i.e., primarily about the lateral axis)
 (9) Unknown roll direction

PRECRASH DATA64. Pre-Event Movement (Prior to Recognition of Critical Event) 4 1

- (01) Going straight
 (02) Slowing or stopping in traffic lane
 (03) Starting in traffic lane
 (04) Stopped in traffic lane
 (05) Passing or overtaking another vehicle
 (06) Disabled or parked in travel lane
 (07) Leaving a parking position
 (08) Entering a parking position
 (09) Turning right
 (10) Turning left
 (11) Making a U-turn
 (12) Backing up (other than for parking position)
 (13) Negotiating a curve
 (14) Changing lanes
 (15) Merging
 (16) Successful avoidance maneuver to a previous critical event
 (97) Other (specify): _____
 (98) No driver present
 (99) Unknown

PRECRASH DATA (Continued)

65. Critical Precrash Event 66*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
- (02) Stalled engine
- (03) Disabling vehicle failure (e.g., wheel fell off) (specify): _____
- (04) Non-disabling vehicle problem (e.g., hood flew up) (specify): _____
- (05) Poor road conditions (puddle, pot hole, ice, etc.) (specify): _____
- (06) Traveling too fast for conditions
- (08) Other cause of control loss (specify): _____
- (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
- (11) Over the lane line on right side of travel lane
- (12) Off the edge of the road on the left side
- (13) Off the edge of the road on the right side
- (14) End departure
- (15) Turning left at intersection
- (16) Turning right at intersection
- (17) Crossing over (passing through) intersection
- (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Stopped
- (51) Traveling in same direction with lower speed (i.e., lower steady speed or decelerating)
- (52) Traveling in same direction with higher speed
- (53) Traveling in opposite direction
- (54) In crossover
- (55) Backing
- (59) Unknown travel direction of other motor vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left lane line
- (61) From adjacent lane (same direction)—over right lane line
- (62) From opposite direction—over left lane line
- (63) From opposite direction—over right lane line
- (64) From parking lane
- (65) From crossing street, turning into same direction
- (66) From crossing street, across path
- (67) From crossing street, turning into opposite direction
- (68) From crossing street, intended path not known
- (70) From driveway, turning into same direction
- (71) From driveway, across path
- (72) From driveway, turning into opposite direction
- (73) From driveway, intended path not known
- (74) From entrance to limited access highway
- (78) Encroachment by other vehicle—details unknown

Pedestrian or Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
- (81) Pedestrian approaching roadway
- (82) Pedestrian - unknown location
- (83) Pedalcyclist or other nonmotorist in roadway (specify): _____
- (84) Pedalcyclist or other nonmotorist approaching roadway (specify): _____
- (85) Pedalcyclist or other nonmotorist—unknown location (specify): _____

Object or Animal

- (87) Animal in roadway
- (88) Animal approaching roadway
- (89) Animal—unknown location
- (90) Object in roadway
- (91) Object approaching roadway
- (92) Object—unknown location

(98) Other critical precrash event (specify): _____

(99) Unknown

For Corrective Actions Attempted see variable GV14 (Attempted Avoidance Manuever)

66. Precrash Stability After Avoidance Maneuver 1

- (0) No avoidance maneuver
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify): _____

- (8) No driver present
- (9) Precrash stability unknown

67. Precrash Directional Consequences of Avoidance Maneuver (Corrective Action) 1

- (0) No avoidance maneuver
- (1) Vehicle stayed in travel lane where avoidance maneuver was initiated
- (2) Vehicle stayed on roadway but left travel lane where avoidance maneuver was initiated
- (3) Vehicle stayed on roadway, not known if left travel lane where avoidance maneuver was initiated
- (4) Vehicle departed roadway
- (5) Avoidance maneuver initiated off roadway
- (8) No driver present
- (9) Directional consequences unknown

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***
THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

62 inches X 2.54 = 157 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

135 pounds X .4536 = 60.1 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection φ

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area φ

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium φ

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) φ

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment φ

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 9

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): _____

(9) Unknown _____

18. Manual (Active) Belt System Use 99

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

20. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor _____

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

21. Air Bag System Availability/Function φ

- (0) Not equipped/not available
- (1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled _____

(9) Unknown _____

22. Air Bag System Deployment φ

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? φ

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown _____

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 2

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

(8) Restrained, type unknown _____

(9) Police indicated "unknown" _____

HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant
at This Occupant Position9

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____
- (9) Unknown

26. Seat Type (this Occupant Position)

99

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

9

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

28. Child Safety Seat Make/Model φ φ φ

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat φ

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation φ φ

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage φ φ32. Child Safety Seat Shield Usage φ φ33. Child Safety Seat Tether Usage φ φNote: Options below applicable to
Variables OA31-OA33.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES34. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 9

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):

- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 9

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

37. Hospital Stay 99

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP - GO TO VARIABLE 44 ON PAGE 7**VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 44

- _____ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 4441. 2nd Medically Reported Cause of Death 4442. 3rd Medically Reported Cause of Death 44

- _____ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- _____ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

AUTOMATIC BELT SYSTEM

44. Automatic (Passive) Belt System Availability/ Function φ
 (0) Not equipped/not available
 (1) 2 point automatic belts
 (2) 3 point automatic belts
 (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
 (9) Unknown

45. Automatic (Passive) Belt System Use φ
 (0) Not equipped/not available/destroyed or rendered inoperative
 (1) Automatic belt in use
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
 (3) Automatic belt use unknown
 (9) Unknown

46. Automatic (Passive) Belt System Type φ
 (0) Not equipped/not available
 (1) Non-motorized system
 (2) Motorized system
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System φ
 (0) Not equipped/not available/not used
 (1) Automatic belt used properly
 (2) Automatic belt used properly with child safety seat
Automatic Belt Used Improperly
 (3) Automatic shoulder belt worn under arm
 (4) Automatic shoulder belt worn behind back
 (5) Automatic belt worn around more than one person
 (6) Lap portion of automatic belt worn on abdomen
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):
 (8) Other improper use of automatic belt system (specify):
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes φ
 During Accident
 (0) Not equipped/not available/not in use
 (1) No automatic belt failure(s)
 (2) Torn webbing (stretched webbing not included)
 (3) Broken buckle or latchplate
 (4) Upper anchorage separated
 (5) Other anchorage separated (specify):
 (6) Broken retractor
 (7) Combination of above (specify):
 (8) Other automatic belt failure (specify):
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

STOP - VARIABLES 50 THROUGH 52 ARE COMPLETED BY THE ZONE CENTER

TRAUMA DATA

50. Glasgow Coma Scale (GCS) Score 97
 (at Medical Facility)
 (00) Not injured
 (01) Injured - not treated at medical facility
 (02) No GCS Score at medical facility
 (03-15) Code the actual value of the initial GCS Score recorded at medical facility.
 (97) Injured, details unknown
 (99) Unknown if injured
51. Was the Occupant Given Blood? 9
 (1) No - blood not given
 (2) Yes - blood given (specify units):
 (9) Unknown if blood given
52. Arterial Blood Gases (ABG) - HCO₃ 97
 (00) Not injured
 (01) Injured, ABGs not measured or reported
 (02-50) Code the actual value of the HCO₃
 (96) ABGs reported, HCO₃ unknown
 (97) Injured, details unknown
 (99) Unknown if injured

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO [☒] YES []

UPDATE CANDIDATE?

NO [☒] YES []



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE COPY
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number _____

3. Vehicle Number 42

2. Case Number - Stratum SP 22

4. Occupant Number 41

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

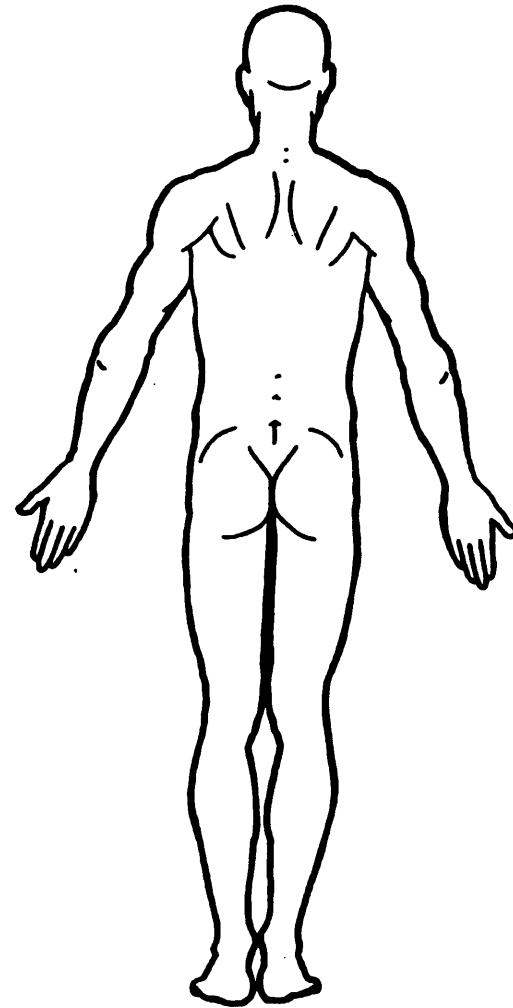
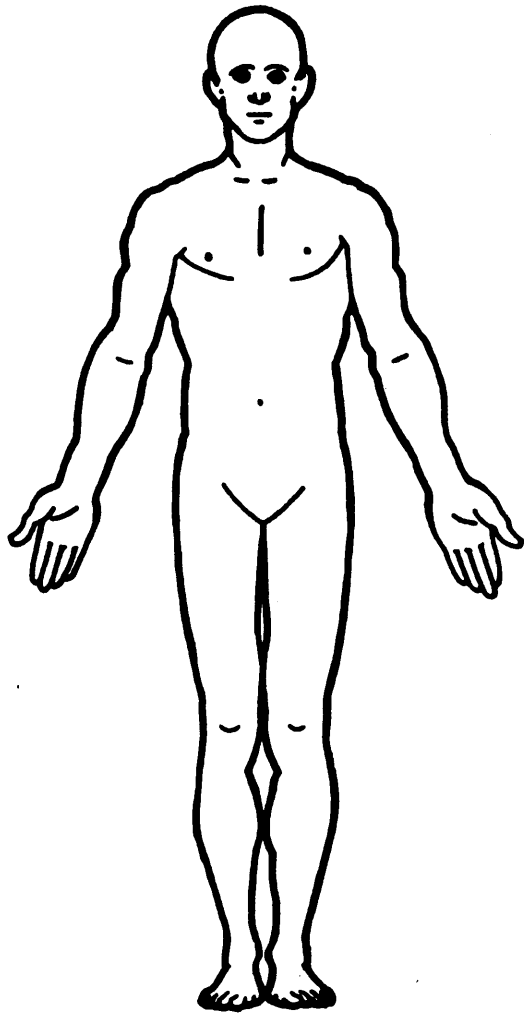
	Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
1st	5. <u>9</u>	6. <u>2</u>	7. <u>9</u>	8. <u>46</u>	9. <u>44</u>	10. <u>1</u>	11. <u>7</u>	12. <u>97</u>	13. <u>9</u>	14. <u>7</u>	15. <u>99</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

ICD-9

87352

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale Score

GCSS = ____

Units of Blood
Given

Units = ____

Arterial Blood
Gases

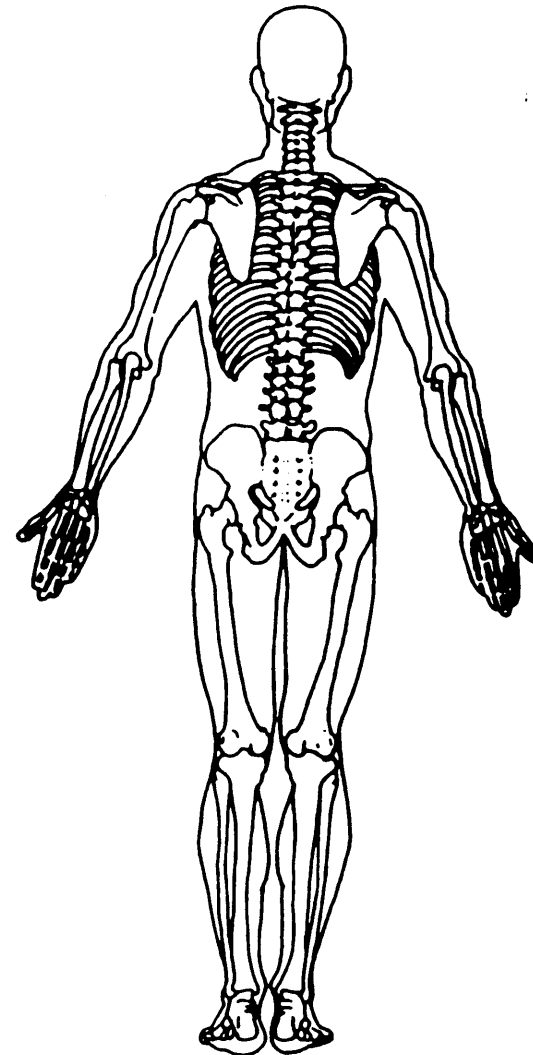
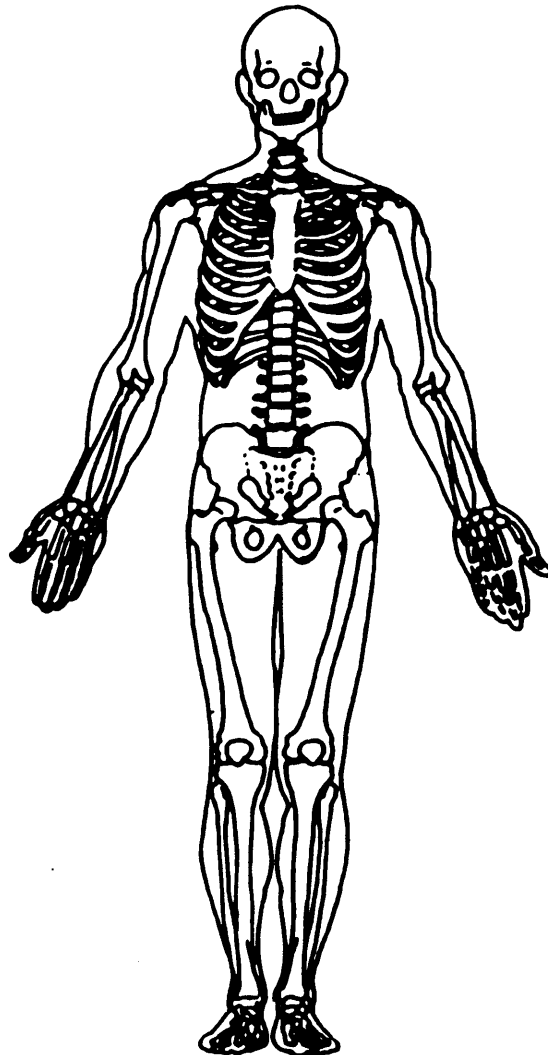
pH = ____

PO₂ = ____

PCO₂ = ____

HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





U.S. Department of Transportation
National Highway Traffic Safety
Administration

OLDMISS PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title			
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run
	<u>SP22</u>	<u>41</u>	<u>94</u>

OLDMISS Vehicle Identification			
Vehicle 1	<u>1993</u>	<u>PLYMOUTH</u>	<u>VOYAGER</u>
Vehicle 2	<u>1984</u>	<u>MERCEDES-BENZ</u>	<u>300 D</u>
	Year	Make	Model
			NASS Veh. No.

GENERAL INFORMATION

VEHICLE 1	VEHICLE 2
Size <u>7</u>	Size <u>3</u>
Weight <u>(3652)</u> <u>(250)</u> <u>(3910)</u> $\frac{1657}{\text{Curb}} + \frac{117}{\text{Occupant(s)}} + \frac{\quad}{\text{Cargo}} = \underline{1774} \text{ kg}$	Weight <u>(3437)</u> <u>(135)</u> <u>(3622)</u> $\frac{1585}{\text{Curb}} + \frac{61}{\text{Occupant(s)}} + \frac{\quad}{\text{Cargo}} = \underline{1646} \text{ kg}$
Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back) <u>L</u> Vehicle 1	Damaged Area of Vehicle (F = Front, L = Left, R = Right, B = Back) <u>F</u> Vehicle 2
Vehicle Heading Angles At Impact, in Degrees <u>+ 274°</u> Vehicle 1	Vehicle Heading Angles At Impact, in Degrees <u>+ 445°</u> Vehicle 2
Stiffness Category for Vehicle <u>7</u> Vehicle 1	Stiffness Category for Vehicle <u>3</u> Vehicle 2

DAMAGE INFORMATION

For Which Vehicle Is The Damage Known <u>1</u>	Crush Measurements (D) C ₁ <u>444</u> cm
PDOF for Known Vehicle in Degrees (-180 to +180) <u>± 84°</u>	Known Vehicle (7.5) C ₂ <u>419</u> cm
Damage Length (L) for Known Vehicle <u>(134)</u> <u>344</u> cm	(15.25) C ₃ <u>439</u> cm
	(13.25) C ₄ <u>434</u> cm
	(6.4) C ₅ <u>415</u> cm
	(4) C ₆ <u>444</u> cm
	Damage Midpoint Offset <u>(-36.7)</u> D <u>± 493</u> cm
	for Known Vehicle
	Estimated Damage Midpoint Offset for Unknown Vehicle D <u>± 44</u> cm

SUMMARY OF OLDMISPC RESULTS

CASE NO. DSI-93-SP-22 -- IMPACT NO. 1 -- FRONT TO SIDE

SPEED CHANGE (DAMAGE)

	RESULTANT MPH (KPH)	LONGITUDINAL MPH (KPH)	LATERAL MPH (KPH)	PDOF DEG
VEH #1 (KNOWN)	20.24 (32.57)	-3.51 (-5.66)	19.94 (32.08)	280.00
VEH #2 (ESTIMATED)	21.85 (35.16)	-21.77 (-35.03)	-1.90 (-3.06)	5.00

	ENERGY FT-LBS (NT-M)	FORCE LBS (NT)
VEH #1 (KNOWN)	46125.1 (62531.1)	77849.0 (346272.4)
VEH #2 (ESTIMATED)	94203.7 (127710.4)	92335.1 (410706.7)

SUMMARY OF DAMAGE DATA

VEHICLE #1 (KNOWN DAMAGE DIMENSION)			VEHICLE #2 (ESTIMATED DAMAGE DIMENSION)		
	IN	(CM)		IN	(CM)
L-----	134.0	340.4	L-----	72.6	184.4
C1-----	.0	.0	C1-----	3.7	9.3
C2-----	7.5	19.0	C2-----	10.0	25.5
C3-----	15.3	38.7	C3-----	16.6	42.1
C4-----	13.3	33.7	C4-----	23.2	58.9
C5-----	6.0	15.2	C5-----	22.8	57.8
C6-----	.0	.0	C6-----	21.1	53.5
D-----	-36.7	-93.2	D-----	.0	.0

(DOFF ADJUSTED .0 INCHES
TO MATCH VEHICLE DIMENSION)

VEHICLE INFORMATION

VEHICLE #1 (SIDE DAMAGE KNOWN)		VEHICLE #2 (FRONT DAMAGE UNKNOWN)	
SIZE-----	7	SIZE-----	3
STIFFNESS--	6	STIFFNESS--	3
SIDE-----	L	SIDE-----	F
HANGL-----	270.0 DEG	HANGL-----	5.0 DEG
WEIGHT-----	3910.0 LBS (1773.2 KG)	WEIGHT-----	3622.0 LBS (1642.6 KG)
MASS-----	10.119 LB-SEC**2/IN (114.32 NT-SEC**2/CM)	MASS-----	9.374 LB-SEC**2/IN (105.90 NT-SEC**2/CM)
RADIUS		RADIUS	
GYRATION--	3713.0 IN**2 (23954.8 CM**2)	GYRATION--	3324.0 IN**2 (21445.1 CM**2)

AIRBAG SUPPLEMENT

1

ACCIDENT SUMMARY

1. Accident Date: WINTER WEEKDAY

2. Police Investigated

- (1) Yes
- (2) No
- (3) Unknown

Agency:

City:

County:

3. General Locality

- (1) Freeway, Limited Access
- (2) Urban (City)
- (3) Urban-Rural (mixed)
- (4) Rural, Fields

4. Configuration (First Harm)

- (0) Struck Object or Ped
- (1) Rear-End
- (2) Head-On
- (3) Rear-to-Rear
- (4) Angle
- (5) Sideswipe-Same Direction
- (6) Sideswipe-Opposite Dir.
- (7) Noncollision
- (8) Nonimpact Deployment
- (9) Unknown

5. Fire Involved

- (0) None
- (1) Airbag Vehicle
- (2) Other Vehicle
- (3) Both Vehicles
- (9) Unknown

6. Vehicles Involved

7. Persons Involved

8. Injured Persons

9. Maximum AIS in Accident

AIRBAG VEHICLE INSPECTION

10. Date Vehicle Inspected:

11. Reason Vehicle Note Inspected

- (0) Not Required
- (1) Inspection Completed
- (2) Cannot be Located
- (3) Repaired or Destroyed
- (5) Refusal or Impounded
- (7) Other:

12. Impact Data Obtained

- (0) No Data Obtained
- (1) CDC Only
- (2) Crush Profile Only
- (3) Trajectory Data Only
- (4) CDC and Crush Profile
- (5) CDC and Trajectory
- (6) Crush and Trajectory
- (7) CDC, Crush, and Trajectory

13. Basis of Delta-V

- (0) Not Computed (Unknown why)
- (1) CRASH - Damage Only
- (2) CRASH - Damage + Traj
- (3) OLDNISS
- (4) POLES
- (5) Unknown Basis
- (6) One Vehicle Beyond Scope
- (7) Collision Beyond Scope
- (8) Insufficient Data

VEHICLE HISTORY

14. Prior Impacts for AB Vehicle?

- (1) Yes
- (2) No
- (9) Unknown

15. Has Any Prior Maintenance or Service Been Performed on System

- (1) Yes
- (2) No
- (3) Unknown

Describe:

AIRBAG SUPPLEMENT

2

AIRBAG VEHICLE

Fleet: NA

VIN: 1P4G454R2PXXXXXX

Mileage: 17,999 MI / 28,966 KM

SYSTEM READINESS LAMP

16. Pre-Impact Lamp Condition 9
- (1) Functioning/Proved Out
 - (2) Inoperative
 - (9) Unknown
17. Driver's Report of Pre-Impact Flashing 99
- (00) No Flashing Reported
 - (01) Continuous Flashing
 - (02) Number of Flashes: ____
 - (11)
 - (12) Constant Light
 - (19) Flashing, Unknown Number
 - (88) Not Applicable, System Removed
 - (99) Unknown
18. Period of Pre-Impact Flashing 9
- (0) No Flashing
 - (1) Same Day as Impact
 - (2) Prior Day
 - (3) Prior Two Days
 - (4) Prior Week
 - (5) Prior Month
 - (6) Over One Month
 - (9) Unknown
19. Post-Impact Lamp Condition 9
- (1) Functioning/Proved Out
 - (2) Inoperative
 - (9) Unknown
20. Post-Impact Flashing 99
- (00) No Flashing Reported
 - (01) Continuous Flashing
 - (02) Number of Flashes: ____
 - (11)
 - (12) Constant Light
 - (19) Flashing, Unknown Number
 - (88) Not Applicable, System Removed
 - (99) Unknown

21. Airbag Vehicle First Harmful Event 13
- (01) Fire or explosion
 - (02) Immersion
 - (03) Gas Inhalation
 - (04) Fell from vehicle
 - (05) Injured in vehicle
 - (06) Other noncollision (specify):
 - (07) Overturn
 - (08) Jackknife
- COLLISION WITH:
- (09) Pedestrian
 - (10) Pedalcyclist
 - (11) Railway train
 - (12) Animal
 - (13) Motor vehicle in transport (same roadway)
 - (14) Motor vehicle in transport (other roadway)
 - (15) Parked motor vehicle
 - (16) Other type nonmotorist (specify):
 - (17) Thrown or falling object
 - (18) Boulder
- COLLISION WITH FIXED OBJECT
- (20) Building
 - (21) Impact attenuator/crash cushion
 - (22) Bridge pier or abutment
 - (23) Bridge parapet end
 - (24) Bridge rail
 - (25) Guardrail
 - (26) Concrete traffic barrier
 - (27) Median barrier
 - (28) Other longitudinal barrier (specify):
 - (29) Highway/traffic sign post
 - (30) Overhead sign support
 - (31) Luminaire/light support
 - (32) Utility pole
 - (33) Other post, pole, or support
 - (34) Culvert
 - (35) Curb
 - (36) Ditch
 - (37) Embankment-earth
 - (38) Embankment-rock, stone, or concrete
 - (39) Fence
 - (40) Wall
 - (41) Fire hydrant
 - (42) Shrubbery
 - (43) Tree
 - (44) Other fixed object (specify):
 - (45) Pavement surface irregularity
 - (99) Unknown

AIRBAG SUPPLEMENT**AIRBAG VEHICLE IMPACT SUMMARY**

22. Vehicle Role 2
- (0) Noncollision
 - (1) Striking unit
 - (2) Struck unit
 - (3) Both striking and struck
 - (9) Unknown

23. Manner of Leaving Scene 2
- (1) Driven
 - (2) Towed-due to damage
 - (3) Towed-not for damage
 - (4) Towed-details unknown
 - (5) Abandoned
 - (9) Unknown

24. Number of Impact Events 1
- (8) 8 or more
 - (9) Unknown

25. Rollover φ
- (0) No rollover
 - (1) First event
 - (2) Subsequent event
 - (3) Yes, Unknown event
 - (9) Unknown

26. Override/Underride φ
- (0) No override/underride
 - (1) Override - 1st CDC
 - (2) Override - Other CDC
 - (3) Underride - 1st CDC
 - (4) Underride - Other CDC
 - (9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, damaged
(2) No damage
(3) Unknown

27. Left Front Fender Damage 2

28. Right Front Fender Damage 2

29. Center Top of Grille Damage 2

FRONT BUMPER E.A. STATUS

30. Left 5

31. Right 5

- (1) Normal
- (2) Extended
- (3) Partial Compression
- (4) Complete Compression
- (5) Not Applicable
- (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

32. Configuration 4
- (0) Struck Object or Ped
 - (1) Rear-End
 - (2) Head-On
 - (3) Rear-to-Rear
 - (4) Angle
 - (5) Sideswipe-Same Direction
 - (6) Sideswipe-Opposite Dir.
 - (7) Noncollision
 - (8) Nonimpact Deployment
 - (9) Unknown

33. CDC: *Q9 L2EW3*

34. Object Contacted: *φ 2 / 1984 MERCEDES-BENZ*

PRIMARY/DEPLOYMENT IMPACT:

35. Event Number 1

36. Total Delta-V 33 km

37. Longitudinal Delta-V 46 km

38. Configuration 4
See 32 above for codes

39. CDC: *Q9 L2EW3*

40. Object Contacted: *φ 2 / 1984 MERCEDES-BENZ*

AIRBAG SUPPLEMENT

4

AIRBAG SYSTEM DAMAGE

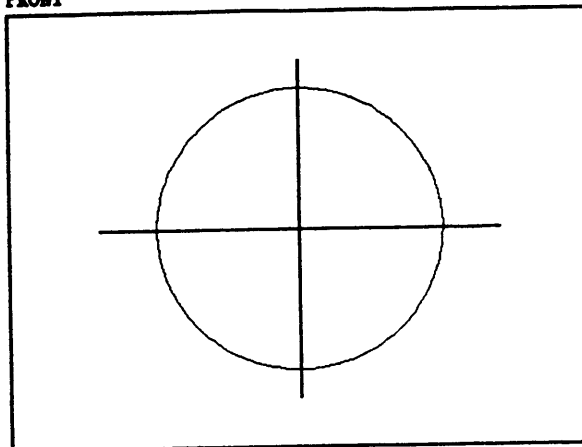
CODES: (1) Yes, Damaged
(2) No, Intact
(3) Not Applicable
(9) Unknown

41. Airbag Module 2
42. Left Front Sensor 2
43. Center Front Sensor 2
44. Right Front Sensor 2
45. Rear Cowl Sensor 9
46. Diagnostic Module 2
47. Wiring 2
48. Knee Diverter 3
49. Indication of disconnected
or loose electrical
connectors 2
50. Condition of Deployed Bag 1
(1) Bag intact
(2) Split or torn
(3) Cut by object in impact
(4) Cut after accident
(5) Other
(8) NA (not deployed)
(9) Unknown

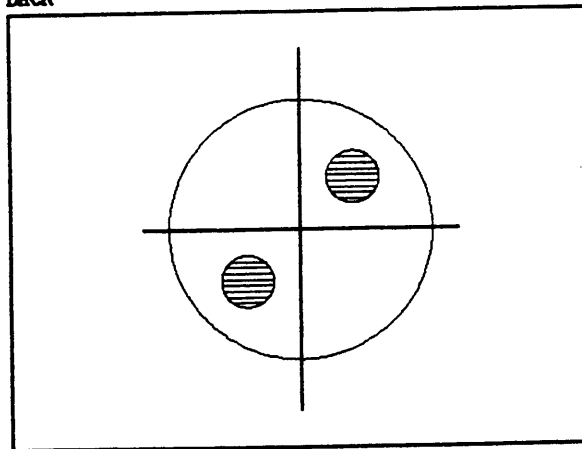
DESCRIBE SYSTEM AND BAG DAMAGE:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS
BELOW:

FRONT



BACK



AIRBAG SUPPLEMENT

5

OCCUPANTS OF AIRBAG CAR

51. Number of Occupants in Vehicle

3

52. Number of Injured Persons

3

53. Maximum AIS in Airbag Vehicle

1

(0) No Injury

(1-6) AIS Severity

(7) Injured, unknown severity

(9) Unknown

DRIVER

Age: 37

Sex: FEMALE

54. Number of Driver Injuries

3

55. Source of Best Injury Data

7

(0) Not injured

(1) Autopsy

(2) Hospital Medical Records

(3) Emergency Room only

(4) Private physician, clinic

(5) Lay Coroner Report

(6) EMS Personnel

(7) Interviewee

(8) Police

(9) Unknown

MAXIMUM AIS BY BODY REGION

REGION	MAX AIS	CONTACT
Head/Neck/Face	<u>1</u>	<u>45</u>
Chest	<u> </u>	<u> </u>
Abdomen	<u> </u>	<u> </u>
Legs/Hips	<u>1</u>	<u>49</u>
Other (Arms)	<u> </u>	<u> </u>
Driver Maximum	<u> </u>	<u> </u>

EJECTION

Extent: NONE

Portal:

OTHER VEHICLE:

Maximum AIS

9 (UNK)Prime/Deploy Impact w AB Vehicle
Event Number1

CDC: UNKNOWN

Total Delta V

35 KM

Make: MERCEDES-BENZ

Model Year: 1984

Model: 300D

Body Type: UNK.

NOTES:

AIRBAG SUPPLEMENT

6

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown

1

Evidence: *INTERVIEW / VEHICLE INSPECTION*

DRIVER POSTURE: Any comments Recorded (1) Yes, (2) No

1

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs, and feet. Also note hand and arm position. Did driver brace before crash? Describe:

NORMAL UPRIGHT. R. FOOT ON ACC. L. ON FLOOR.

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No

1

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelery play any role?:

NONE

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No

2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT: (1) Yes, (2) No, (9) Unknown

2

Describe:

TRAFFIC COLLISION REPORT

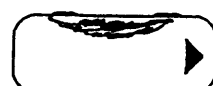
PAGE 1 OF 2

SPECIAL CONDITIONS		NUMBER INJURED 4	MT & RUN PELONY <input type="checkbox"/>	CITY [REDACTED]	JUDICIAL DISTRICT		LOCAL REPORT NUMBER	
		NUMBER KILLED 0	MT & RUN MTD. <input type="checkbox"/>	COUNTY [REDACTED]	REPORTING DISTRICT		SEAT 3	

LOCATION	COLLISION OCCURRED ON					MO.	DAY	YEAR	TIME (2400)	NCIC #	OFFICER I.D.
	MILEPOST INFORMATION					DAY OF WEEK S M T W T F S			TOW AWAY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHOTOGRAPHS BY:	
	FEET/MILES OF								STATE HWY REL. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
	<input checked="" type="checkbox"/> AT INTERSECTION WITH <input type="checkbox"/> OR: FEET/MILES OF								<input checked="" type="checkbox"/> NONE		

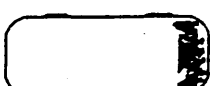
PARTY 1	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE
	NAME (FIRST, MIDDLE, LAST)							93	PLY/VOLAGER/Blue			
	STREET ADDRESS				OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER					
	CITY / STATE / ZIP				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER					

PARTY 2	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF:			
	F	BR	GR	5-2	140			56			<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input checked="" type="checkbox"/> OTHER 3-A CITIZENS HUSBAND		
	HOME PHONE				BUSINESS PHONE				PRIOR MECHANICAL DEFECTS:				
									<input type="checkbox"/> NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>				

PARTY 3	INSURANCE CARRIER				POLICY NUMBER				CHP USE ONLY VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA			
									01				<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input checked="" type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL							
	DIR. OF TRAVEL				ON STREET OR HIGHWAY				SPEED LIMIT				PCF				ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>			
	E								55											


PARTY 4	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE
	NAME (FIRST, MIDDLE, LAST)							84	MECIDEZ/300D/WHIT			
	STREET ADDRESS				OWNER'S NAME		<input checked="" type="checkbox"/> SAME AS DRIVER					
	CITY / STATE / ZIP				OWNER'S ADDRESS		<input checked="" type="checkbox"/> SAME AS DRIVER					

PARTY 5	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF:			
	F	RED	BLU	5-2	135			47			<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER TOW		
	HOME PHONE				BUSINESS PHONE				PRIOR MECHANICAL DEFECTS:				
									<input type="checkbox"/> NONE APPARENT <input checked="" type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>				

PARTY 6	INSURANCE CARRIER				POLICY NUMBER				CHP USE ONLY VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA			
									01				<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> TOTAL							
	DIR. OF TRAVEL				ON STREET OR HIGHWAY				SPEED LIMIT				PCF				ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>			
	S								55											

PARTY 7	DRIVER'S LICENSE NUMBER				STATE	CLASS	SAFETY EQUIP.	VEH. YEAR	MAKE / MODEL / COLOR		LICENSE NUMBER	STATE
	NAME (FIRST, MIDDLE, LAST)											
	STREET ADDRESS				OWNER'S NAME		<input type="checkbox"/> SAME AS DRIVER					
	CITY / STATE / ZIP				OWNER'S ADDRESS		<input type="checkbox"/> SAME AS DRIVER					

PARTY 8	SEX	HAIR	EYES	HEIGHT	WEIGHT	MO.	BIRTHDATE DAY	YEAR	RACE	DISPOSITION OF VEHICLE ON ORDERS OF:		
										<input type="checkbox"/> OFFICER <input type="checkbox"/> DRIVER <input type="checkbox"/> OTHER		
	HOME PHONE				BUSINESS PHONE				PRIOR MECHANICAL DEFECTS:			
									<input type="checkbox"/> NONE APPARENT <input type="checkbox"/> REFER TO NARRATIVE <input type="checkbox"/>			

PARTY 9	INSURANCE CARRIER				POLICY NUMBER				CHP USE ONLY VEHICLE TYPE				DESCRIBE VEHICLE DAMAGE				SHADE IN DAMAGED AREA			
													<input type="checkbox"/> UNK. <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR <input type="checkbox"/> TOTAL							
	DIR. OF TRAVEL				ON STREET OR HIGHWAY				SPEED LIMIT				PCF				ICC <input type="checkbox"/> PUC <input type="checkbox"/> CHP <input type="checkbox"/>			

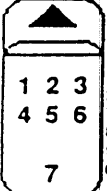
PREPARED BY NAME				DISPATCH NOTIFIED				REVIEWER'S NAME				DATE REVIEWED			
				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A											

TRAFFIC COLLISION CODING

PAGE 2

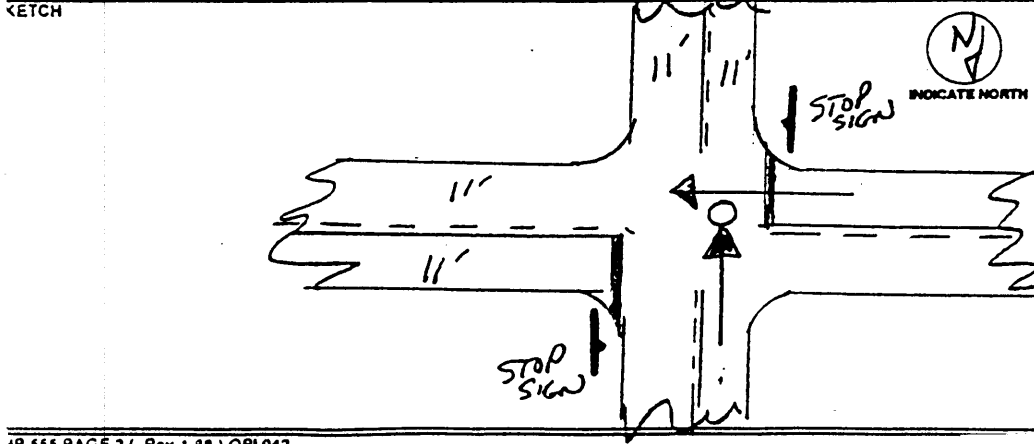
DATE OF COLLISION	TIME (24HR)	POLICE NUMBER	OFFICER I.D. NUMBER
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PROPERTY DAMAGE	OWNER'S NAME / ADDRESS	NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION OF DAMAGE		

SEATING POSITION  <p>1 - DRIVER 2 - 8 - PASSENGERS 3 - STATION WAGON REAR 4 - REAR OCC. TRK. OR VAN 5 - POSITION UNKNOWN 6 - OTHER</p>	OCCUPANTS A - NONE IN VEHICLE B - UNKNOWN C - LAP BELT USED D - LAP BELT NOT USED E - SHOULDER HARNESS USED F - SHOULDER HARNESS NOT USED G - LAP / SHOULDER HARNESS USED H - LAP / SHOULDER HARNESS NOT USED J - PASSIVE RESTRAINT USED K - PASSIVE RESTRAINT NOT USED	SAFETY EQUIPMENT L - AIR BAG DEPLOYED M - AIR BAG NOT DEPLOYED N - OTHER P - NOT REQUIRED CHILD RESTRAINT Q - IN VEHICLE USED R - IN VEHICLE NOT USED S - IN VEHICLE USE UNKNOWN T - IN VEHICLE IMPROPER USE U - NONE IN VEHICLE	M/C BICYCLE - HELMET DRIVER V - NO W - YES PASSENGER X - NO Y - YES	EJECTED FROM VEHICLE 0 - NOT EJECTED 1 - FULLY EJECTED 2 - PARTIALLY EJECTED 3 - UNKNOWN
--	--	--	--	---

ITEMS MARKED BELOW FOLLOWED BY AN ASTERISK (*) SHOULD BE EXPLAINED IN THE NARRATIVE

PRIMARY COLLISION FACTOR LIST NUMBER (#) OF PARTY AT FAULT	TRAFFIC CONTROL DEVICES	1	2	3	TYPE OF VEHICLE	1	2	3	MOVEMENT PRECEDING COLLISION
A VC SECTION VIOLATED: <input checked="" type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO	A CONTROLS FUNCTIONING				A PASSENGER CAR / STATION WAGON				A STOPPED
B OTHER IMPROPER DRIVING *	B CONTROLS NOT FUNCTIONING *				B PASSENGER CAR W / TRAILER				B PROCEEDING STRAIGHT
C OTHER THAN DRIVER *	C CONTROLS OBSCURED				C MOTORCYCLE / SCOOTER				C RAN OFF ROAD
D UNKNOWN *	D NO CONTROLS PRESENT / FACTOR *				D PICKUP OR PANEL TRUCK				D MAKING RIGHT TURN
E FELL ASLEEP *	TYPE OF COLLISION				E PICKUP / PANEL TRUCK W / TRAILER				E MAKING LEFT TURN
	A AHEAD - ON				F TRUCK OR TRUCK TRACTOR				F MAKING U TURN
	B SIDESWIPE				G TRUCK / TRUCK TRACTOR W / TRLR.				G BACKING
	C REAR END				H SCHOOL BUS				H SLOWING / STOPPING
WEATHER (MARK 1 TO 2 ITEMS)	D BROADSIDE				I OTHER BUS				I PASSING OTHER VEHICLE
A CLEAR	E HIT OBJECT				J EMERGENCY VEHICLE				J CHANGING LANES
B CLOUDY	F OVERTURNED				K HIGHWAY CONST. EQUIPMENT				K PARKING MANEUVER
C RAINING	G VEHICLE / PEDESTRIAN				L BICYCLE				L ENTERING TRAFFIC
D SNOWING	H OTHER *				M OTHER VEHICLE				M OTHER UNSAFE TURNING
E FOG / VISIBILITY FT.	MOTOR VEHICLE INVOLVED WITH				N PEDESTRIAN				N XING INTO OPPOSING LANE
F OTHER *	A NON - COLLISION				O MOPED				O PARKED
G WIND	B PEDESTRIAN								P MERGING
LIGHTING	C OTHER MOTOR VEHICLE				OTHER ASSOCIATED FACTOR(S) (MARK 1 TO 2 ITEMS)				Q TRAVELING WRONG WAY
A DAYLIGHT	D MOTOR VEHICLE ON OTHER ROADWAY	1	2	3	A VC SECTION VIOLATION: <input checked="" type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				R OTHER *
B DUSK - DAWN	E PARKED MOTOR VEHICLE				B VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
C DARK - STREET LIGHTS	F TRAIN				C VC SECTION VIOLATION: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				
D DARK - NO STREET LIGHTS	G BICYCLE								
E DARK - STREET LIGHTS NOT FUNCTIONING *	H ANIMAL:								
ROADWAY SURFACE	I FIXED OBJECT:								
A DRY	J OTHER OBJECT:								
B WET					D				A HAD NOT BEEN DRINKING
C SNOWY - ICY					E VISION OBSCUREMENT:				B HBD - UNDER INFLUENCE
D SLIPPERY (MUDDY, OILY, ETC.)					F INATTENTION *				C HBD - NOT UNDER INFLUENCE
ROADWAY CONDITION(S) (MARK 1 TO 2 ITEMS)	PEDESTRIAN'S INVOLVED				G STOP & GO TRAFFIC				D HBD - IMPAIRMENT UNKNOWN
A HOLES, DEEP RUT *	A NO PEDESTRIAN INVOLVED				H ENTERING / LEAVING RAMP				E UNDER DRUG INFLUENCE *
B LOOSE MATERIAL ON ROADWAY *	B CROSSING IN CROSSWALK AT INTERSECTION				I PREVIOUS COLLISION				F IMPAIRMENT - PHYSICAL *
C OBSTRUCTION ON ROADWAY *	C CROSSING IN CROSSWALK - NOT AT INTERSECTION				J UNFAMILIAR WITH ROAD				G IMPAIRMENT NOT KNOWN
D CONSTRUCTION - REPAIR ZONE	D CROSSING - NOT IN CROSSWALK				K DEFECTIVE VEH. EQUIP.: <input type="checkbox"/> CITED <input type="checkbox"/> YES <input type="checkbox"/> NO				H NOT APPLICABLE
E REDUCED ROADWAY WIDTH	E IN ROAD - INCLUDES SHOULDER				L UNINVOLVED VEHICLE				I SLEEPY / FATIGUED
F FLOODED *	F NOT IN ROAD				M OTHER *				SPECIAL INFORMATION
G OTHER *	G APPROACHING / LEAVING SCHOOL BUS				N NONE APPARENT				A HAZARDOUS MATERIAL
H NO UNUSUAL CONDITIONS					O RUNAWAY VEHICLE				



MISCELLANEOUS

INJURED / WITNESSES / PASSENGERS

PAGE 3

DATE OF OCCURRENCE				TIME (24HR)				NCIC NUMBER				OFFICER I.D.				NUMBER			
WITNESS ONLY		PASSENGER ONLY		AGE	SEX	EXTENT OF INJURY ("X" ONE)				INJURED WAS ("X" ONE)					PARTY NUMBER	SEAT POS.	SAFETY EQUIP.	EJECTED	
FATAL INJURY	SEVERE INJURY	OTHER VISIBLE INJURY		COMPLAINT OF PAIN		DRIVER	PASS.	PEO.	BIKCYCLIST	OTHER									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME / D.O.B. / ADDRESS																TELEPHONE			

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES
SWOLLEN UPPER LIP, KNEE ABRASION

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#			7	F														
NAME / D.O.B. / ADDRESS																TELEPHONE		

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES
POSSIBLE HEAD AND INTERNAL INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#			3	M														
NAME / D.O.B. / ADDRESS																TELEPHONE		

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES
APPEARED UNINJURED / MINOR BRUISES?

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#			46	F														
NAME / D.O.B. / ADDRESS																TELEPHONE		

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES
LACERATION TO FOREHEAD / CHEST PAIN

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#																		
NAME / D.O.B. / ADDRESS																TELEPHONE		

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

#																		
NAME / D.O.B. / ADDRESS																TELEPHONE		

(INJURED ONLY) TRANSPORTED BY: _____ TAKEN TO: _____

DESCRIBE INJURIES

☐ VICTIM OF VIOLENT CRIME NOTIFIED

PREPARED BY	I.D. NUMBER	MO.	DAY	YEAR	REVIEWER'S NAME	MO.	DAY	YEAR
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STATE OF CALIFORNIA
FACTUAL DIAGRAM

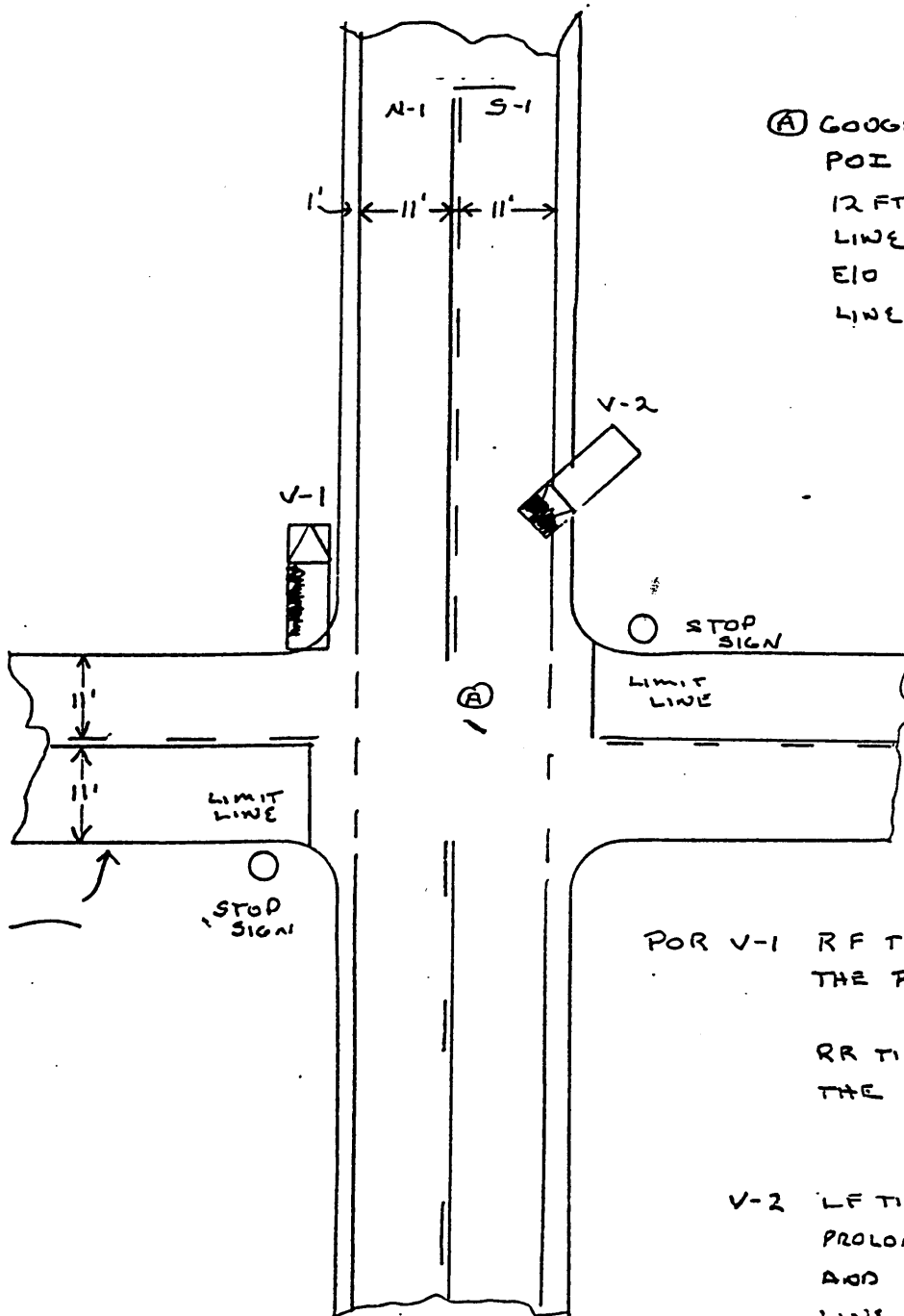
PAGE 4

DATE OF COLLISION	TIME (2400)	NCIC NUMBER	OFFICER I.D.	NUMBER
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ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE -



INDICATE
NORTH



(A) GOGGE MARK INDICATING
POI

12 FT S/O THE N/ PROLONGATION
LINE OF AND 8 FT
E/O THE W/ PROLONGATION
LINE OF

FOR V-1 RF TIRE RR TIRE ON
THE PROLONGATION LINE OF

RR TIRE LR TIRE ON
THE PROLONGATION LINE OF

V-2 LF TIRE 1 FT E/O W
PROLONGATION LINE OF
AND 13 FT S/O PROLONGATION
LINE OF
LR TIRE 6 FT W/O W
PROLONGATION LINE OF C/R/S
AND 18 FT S/O PROLONGATION
LINE OF

DRAWN BY	I.D. NUMBER	NO. DAY YR.	REVIEWER'S NAME	NO. DAY YR.
----------	-------------	-------------	-----------------	-------------

NARRATIVE/SUPPLEMENTAL

PAGE 5

DATE OF INCIDENT / OCCURRENCE		TIME (24HR)	NCIC NUMBER	OFFICER ID	NUMBER
<input checked="" type="checkbox"/> ONE <input type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL		<input checked="" type="checkbox"/> ONE <input type="checkbox"/> COLLISION REPORT <input type="checkbox"/> OTHER:		TYPE SUPPLEMENTAL ("X" APPLICABLE) <input type="checkbox"/> SA UPDATE <input type="checkbox"/> HAZARDOUS MATERIALS <input type="checkbox"/> FATAL <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> HIT & RUN UPDATE <input type="checkbox"/> OTHER:	
CITY / COUNTY / JUDICIAL DISTRICT				REPORTING DISTRICT / BEAT	CITATION NUMBER
LOCATION / SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> YES <input type="checkbox"/> NO	

1. FACTS:

2. NOTIFICATION: I RECEIVED THIS INJURY / CALL AT
 3. HRS. RESPONDING FROM
 4. ON SCENE AT HRS. ALL TIMES, SPEEDS AND
 5. MEASUREMENTS FOUND IN THIS REPORT ARE APPROX.
 6. MEASUREMENTS WERE MADE WITH A TAPES.

8. SCENE: THIS COLLISION OCCURRED AT THE
 9. INTERSECTION OF & THIS IS
 10. A RURAL OPEN AREA WITH NO VISUAL OBSTRUCTION
 11. IS A THROUGH RDWY AND STOP SIGNS
 12. ARE POSTED FOR E & W / B TRAFFIC ON
 13. (SEE FACTUAL DIAGRAM FOR RDWY DETAILS AND
 14. MEASUREMENTS.)

6. PARTIES:

17. V-1 WAS LOCATED ON ITS WHEELS AT ITS POINT
 18. OF REST AS SHOWN ON DIAGRAM. V-1 SUSTAINED
 19. MAJOR L/SIDE AND REAR AXLE DAMAGE.

21. P-1 WAS AT SCENE AND STATED SHE WAS THE
 22. DRIVER. SHE WAS IDENTIFIED BY A VALID CLASS
 23. 'C' CALIF D.L.

26. V-2 WAS LOCATED ON ITS WHEELS AT ITS POINT OF
 27. REST AS SHOWN ON FACTUAL DIAGRAM. V-2
 28. SUSTAINED TOTAL FRONT END DAMAGE.

30. P-2 WAS AT SCENE BEING TREATED BY
 31. FIRE & AMBULANCE PERSONNEL. SHE WAS
 32. IDENTIFIED BY A VALID D.L.

PREPARED BY NAME	I.D. NUMBER	MONTH / DAY / YEAR	REVIEWER'S NAME	MONTH / DAY / YEAR
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ARRATIVE/SUPPLEMENTAL

CHP 556 (Rev 7-90) OPI 042

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DATE OF INCIDENT/OCCURRENCE		TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input type="checkbox"/> ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		TYPE SUPPLEMENTAL (X APPLICABLE) <input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fatal <input type="checkbox"/> School bus <input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:	
CITY/COUNTY/JUDICIAL DISTRICT				REPORTING DISTRICT/BEAT	CITATION NUMBER
LOCATION/SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. <u>FACTS CONT'D:</u>					
2. <u>PHYSICAL EVIDENCE:</u> SEE DIAGRAM.					
3.					
4. <u>STATEMENTS:</u> D-1 IN SUBSTANCE " I WAS E/B ON "					
5. STOPPED AT THE STOP SIGN AT . . . I SAW					
6. ONE OTHER CAR S/B ON . . . AND WAITED					
7. FOR IT TO GO BY. I THOUGHT IT WAS CLEAR					
8. AND I PROCEEDED E/B INTO THE INTERSECTION. I					
9. DID NOT SEE THE OTHER CAR COMING UNTIL					
10. JUST BEFORE IT HIT MY CAR.					
11.					
12. D-2: IN SUBSTANCE " I WAS S/B ON RD					
13. AT ABOUT 55 MPH. AS I APPROACHED THE					
14. INTERSECTION I SAW (V-1) STOPPED AT THE					
15. STOP SIGN FACING EAST ON . . . JUST					
16. AS I STARTED INTO THE INTERSECTION THE					
17. CAR TO MY RIGHT PULLED OUT DIRECTLY IN					
18. FRONT OF ME. I TRIED TO HIT MY BRAKES					
19. AND SWERVE TO THE RIGHT BUT WAS UNABLE					
20. TO AVOID (V-1).					
21.					
22. <u>OPINIONS AND CONCLUSIONS:</u>					
23. SUMMARY: V-1 WAS E/B ON " STOPPED AT					
24. THE STOP SIGN AT . . . D-1 WAITED FOR					
25. A S/B VEH ON . . . TO GO BY AND THOUGHT					
26. IT WAS CLEAR TO PROCEED E/B ACROSS . . .					
27. V-2 WAS S/B ON . . . AT A NORMAL SPEED					
28. AND AS V-2 APPROACHED THE INTERSECTION D-1					
29. PULLED OUT DIRECTLY IN FRONT OF D-2,					
30. THE FRONT OF V-2 HIT THE LEFT SIDE OF					
V-1 JUST BEHIND THE L/F DOOR. <u>Cont.</u>					
REPORTER'S NAME AND I.D. NUMBER			DATE	REVIEWER'S NAME	

Use previous editions until depleted.

90 57541

BEST AVAILABLE COPY

DATE OF INCIDENT/OCCURRENCE	TIME (2400)	NCIC NUMBER	OFFICER I.D. NUMBER	NUMBER
<input checked="" type="checkbox"/> ONE <input checked="" type="checkbox"/> Narrative <input type="checkbox"/> Supplemental		<input checked="" type="checkbox"/> "X" ONE <input checked="" type="checkbox"/> Collision report <input type="checkbox"/> Other:		
<input type="checkbox"/> COUNTY/JUDICIAL DISTRICT		TYPE SUPPLEMENTAL ("X" APPLICABLE)		
		<input type="checkbox"/> BA update <input type="checkbox"/> Hazardous materials	<input type="checkbox"/> Fatal <input type="checkbox"/> School bus	<input type="checkbox"/> Hit and run update <input type="checkbox"/> Other:
REPORTING DISTRICT/BEAT				CITATION NUMBER
LOCATION/SUBJECT				STATE HIGHWAY RELATED <input type="checkbox"/> Yes <input type="checkbox"/> No

1. OPINIONS AND CONCLUSIONS CONT'D

3. POINT OF IMPACT? WAS 12 FT S/O THE
N/PROLONGATION LINE OF AND 8 FT
E/O THE W/PROLONGATION LINE OF

8. CAUSE: D-1 (HUNTER) CAUSED THIS T/C
AS SHE FAILED TO YIELD THE RIGHT OF WAY
TO V-2 WHICH WAS ON THE THROUGH HWY,
IN VIOLATION OF
CITE? ISSUED AGAINST D-1
FOR

15. RECOMMENDATIONS: NONE

REPORTER'S NAME AND ID NUMBER	DATE	REVIEWER'S NAME	DATE
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